

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000033398

FILED  
Jan 17, 2005  
Secretary of State

Entity Name: COLLIER COUNTY PLUMBING, INC.

## Current Principal Place of Business:

809 WALKERBILT RD., STE. 6  
NAPLES, FL 34110

## New Principal Place of Business:

1495 RAILHEAD BLVD.  
#11  
NAPLES, FL 34110

## Current Mailing Address:

809 WALKERBILT RD., STE. 6  
NAPLES, FL 34110

## New Mailing Address:

1495 RAILHEAD BLVD.  
#11  
NAPLES, FL 34110

FEI Number: 59-3569455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WANDERON, THOMAS  
9915 TAMIAMI TRAIL NORTH, STE. 2  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CUENYA, DANIEL O  
Address: 809 WALKERBILT RD., STE. 6  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: GUNTHER, DON J  
Address: 8665 BAY COLONY DR. #2204  
City-St-Zip: NAPLES, FL 34108

Title: P ( ) Delete  
Name: SATKOWIAK, JAMES  
Address: 15030 N PEBBLE LN  
City-St-Zip: FORT MYERS, FL 33912

Title: VP ( ) Delete  
Name: WILLIAMS, BRUCE  
Address: 1260 39TH ST SW  
City-St-Zip: NAPLES, FL 34117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SATKOWIAK

P

01/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date