

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000111498

1. Entity Name

MASTER PLUMBING SYSTEMS, INC.



FILED
Jul 23, 2008 08:00 AM
Secretary of State

Principal Place of Business

535 109TH AVE NORTH
NAPLES, FL 34108

Mailing Address

535 109TH AVE NORTH
NAPLES, FL 34108



07162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3616787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTA, ADOLFO A
535 109TH AVE NORTH
NAPLES, FL 34108

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARTA, ADOLFO A
STREET ADDRESS	535 109TH AVE NORTH
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	VP
NAME	RIVERA, EDELMIRO
STREET ADDRESS	535 109TH AVE NORTH
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000956040
07/23/08-80001-002 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-16-08 239.503.5335