


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S34415 1. Entity Name JAMES SAVNIK, JR. PLUMBING, INC.					
Principal Place of Business 1120 COUNTY RD 305 BUNNELL, FL 32110 US				Mailing Address 1120 COUNTY RD 305 STE. 6 BUNNELL, FL 32110 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1120 County Road 305 Suite, Apt. #, etc.			
City & State Bunnell Florida		City & State Bunnell Florida		4. FEI Number 59-3060475	
Zip 32110	Country US	Zip 32110	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUSAN L. SAVNIK 190 COUNTY RD 35 BUNNELL, FL 32110				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAVNIK, SUSAN L 190 COUNTY RD 35 BUNNELL, FL 32110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700078523987 08/09/06--01034--009 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRAGG, SUSAN 1667 MISTLETOE STREET BUNNELL, FL 32110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAVNIK, SUSAN L 190 COUNTY RD 35 BUNNELL, FL 32110 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vof Operations John F. Lynch 5 Smyrna Court Palm Coast, FL 32164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>Susan L. Savnik</u> <u>Susan L. Savnik</u> <u>7/29/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07312006 Chg-P CR2E034 (11/05)

4. FEI Number **59-3060475** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

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Vof Operations
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Palm Coast, FL 32164

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SIGNATURE: Susan L. Savnik Susan L. Savnik 7/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

W 8/9