

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAR -2 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V23885	
1. Entity Name COMPLETE PLUMBING OF BOCA INC.	



Principal Place of Business 1200 CLINT MOORE RD. #10 BOCA RATON, FL 33487	Mailing Address 1200 CLINT MOORE RD. #10 BOCA RATON, FL 33487
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2. Principal Place of Business - No P.O. Box # RD		3. Mailing Address	
2901 CLINT MOORE		2901 CLINT MOORE RD.	
Suite, Apt. #, etc. #284		Suite, Apt. #, etc. #284	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33496	Country USA	Zip 33496	Country USA



01152007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0267932

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POLTROCK, BRYAN 2901 CLINT MOORE ROAD BOCA RATON, FL 33496		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:

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLTROCK, BRYON L. 4255 BIRCHWOOD DRIVE BOCA RATON, FL 33487 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or without the name empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-15-07** Daytime Phone #: **561-994-3243**

K. Eckel MAR 05 2007