

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067491

Entity Name: MOON PLUMBING OF S.W. FLORIDA, INC.**Current Principal Place of Business:**19710 NORTH RIVER ROAD
ALVA, FL 33920**Current Mailing Address:**19710 NORTH RIVER ROAD
ALVA, FL 33920 US**FEI Number:** 20-1036100**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KATZ, MATTHEW T
19710 N. RIVER RD.
ALVA, FL 33920 US*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**Officer/Director Detail :**

Title	PRES
Name	KATZ, MATTHEW T
Address	19710 N. RIVER RD.
City-State-Zip:	ALVA FL 33920

Title	DIR
Name	KATZ, MATTHEW T
Address	19710 N. RIVER RD.
City-State-Zip:	ALVA FL 33920

Title	SEC
Name	KATZ, TAMARA J
Address	19710 N. RIVER RD.
City-State-Zip:	ALVA FL 33920

Title	TRES
Name	KATZ, TAMARA J
Address	19710 N. RIVER RD.
City-State-Zip:	ALVA FL 33920

Title	DIR
Name	KATZ, TAMARA J
Address	19710 N. RIVER RD.
City-State-Zip:	ALVA FL 33920

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW T KATZ**PRESIDENT****04/16/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date