#### 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000012786

Entity Name: DRAIN MASTERS, INC. OF CENTRAL FLORIDA

FILED Feb 04, 2025 Secretary of State 6900621975CC

# **Current Principal Place of Business:**

1042 N. US HIGHWAY 1 SUITE #5 ORMOND BEACH, FL 32174

## **Current Mailing Address:**

PO BOX 730963

ORMOND BEACH, FL 32173 US

FEI Number: 59-3439410 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

OWEN, HEATH T 14 N. RAVENSFIELD LANE ORMOND BEACH, FL 32174 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: HEATH T OWEN 02/04/2025

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title PRESIDENT, OWNER Title SECRETARY, CO-OWNER

Name OWEN, HEATH T Name OWEN, WENDY A

Address 14 N. RAVENSFIELD LANE Address 14 N. RAVENSFIELD LANE

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title TREASURER Title MANAGER

NameOWEN, MASON TIMOTHYNameOWEN, LAUREN ASHLEYAddress14 N. RAVENSFIELD LANEAddress14 N. RAVENSFIELD LANECity-State-Zip:ORMOND BEACH FL 32174City-State-Zip:ORMOND BEACH FL 32174

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: WENDY OWEN SECRETARY/ CO-OWNER 02/04/2025