

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90022 003 \*\*\*150.00

**DOCUMENT # 452181**

1. Entity Name  
**HOWELL PLUMBING, INC.**



Principal Place of Business  
**4970 SW 52ND ST BAY 309  
DAVIE, FL 33314**

Mailing Address  
**4970 SW 52ND ST BAY 309  
DAVIE, FL 33314**

40000064



2. Principal Place of Business - No P.O. Box #  
**4261 SW 54 Ave.**

3. Mailing Address  
**4261 SW 54 Ave.**

Suite, Apt. #, etc.

01072008 Chg-P CR2E034 (12/06)

City & State  
**Davie, Florida**

City & State  
**Davie, Florida**

Zip  
**33314**

Country  
**Broward**

Zip  
**33314**

Country  
**Broward**

4. FEI Number  
**59-1573735**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**TAMBORELLI, ANTHONY  
1493 SW 97 LANE  
DAVIE, FL 33324**

7. Name and Address of New Registered Agent  
Name  
**Robert Sanford**  
Street Address (P.O. Box Number is Not Acceptable)  
**4261 SW 54 Ave.**  
City  
**Davie** **FL** Zip Code  
**33314**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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 TAMBORELLI, ANTHONY 1493 SW 97 LANE DAVIE, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Sanford, Robert 4261 SW 54 Ave. Davie, FL 33314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KANGAS, TIMOTHY A 410 NW 214 AVE. PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Tamborelli, Anthony 1493 SW 97 Lane Davie, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WIELAND, ARLENE 7551-1 S. ARAGON BLVD. SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Wieland, Arlene 7551-1 S. Aragon Blvd. Sunrise, FL 33313 <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
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
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 all other like empowered.

SIGNATURE: Arlene Wieland **ARLENE WIELAND, Secy** 3-31-08 954-581-8697  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #