## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 507064**

Title:

Name:

Address:

City-St-Zip:

Entity Name: THARP PLUMBING SYSTEMS, INC

FILED Apr 22, 2009 Secretary of State

Littly Name: THARF FLOWIDING STOTEWIS, INC.							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
625 WILME ORLANDO,							
Current Mailing Address:			New Mailir	New Mailing Address:			
625 WILME ORLANDO,							
FEI Number:	59-1674469	FEI Number Applied For ( )	FEI Number Not Appli	cable ( )	Certificate of Status Desired (	X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
	MES W. JR. R AVENUE , FL 32808	us					
The above in the State		ubmits this statement for the pur	pose of changing it	s registered of	fice or registered agent, or	both,	
SIGNATUR							
	Electroni	c Signature of Registered Agent		Date			
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () I THARP, JAMES 3 3076 TOTIKA CO LONGWOOD, FL	OVE	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	ST () I WAYLANDER, E 9317 COMEAU S GOTHA, FL 347	STREET	Title: Name: Address: City-St-Zip:	ST (X) PARKER, CINDA 501 LISA LANE MAITLAND, FL			
Title: Name: Address: City-St-Zip:	VP () I HORN, DAVID T 5200 KATILYNN APOPKA, FL 32		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES W. THARP, JR. PD 04/22/2009

() Delete

JACKSON, JAMES C

ORLANDO, FL 32819

7527 MEGAN ELISSA LN

() Change () Addition