2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT #F86304 02-27-2008 90008 021 ***150.00 VERPLANCK PLUMBING, INC. 40033000 Mailing Address Principal Place of Business 2006 EDENFIELD PLACE 6713 ENGLELAKE DR. LAKELAND, FL 33813 LAKELAND, FL 33801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2006 Edentield Place Suite, Apt. #, etc. 02192008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State Lakelan 59-2210281 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 33801 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VERPLANCK, HOLLY M. Street Address (P.O. Box Number is Not Acceptable) 6713 ENGLELAKE DR. LAKELAND, FL 33813 6498 Walkers Glen DR City Zip Code 338/3 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 reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. (Change ☐ Addition TITLE ☐ Defete TITLE VERPLANCK, WILLIAM D NAME NAME 6498 Walkers Glan DR STREET ADDRESS STREET ADDRESS 6713 ENGLELAKE DR. CITY-ST-ZIP LAKELAND, FL CITY-ST-ZIP whelend FL 33813 Delete Addition TITLE VERPLANCK, HOLLY M NAME NAME 6498 Walkers 6len De STREET ADDRESS 6713 ENGLELAKE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL. 00000. abeland FL 33813 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TOLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED Feb 27, 2008 8:00 am