

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153258

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: PLUMBING SUPPLY, INC.

**Current Principal Place of Business:**

801 FALCON PLACE  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 96  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

FEI Number: 06-1734445      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POLSON, STANLEY M  
801 FALCON PLACE  
FORT WALTON BEACH, FL 32547      US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: POLSON, STANLEY M  
Address: P.O. BOX 96  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: P ( ) Delete  
Name: POLSON, STANLEY M  
Address: P.O. BOX 96  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: V ( ) Delete  
Name: PARR, CHRISTA  
Address: 5120 GALLIVER CUT-OFF  
City-St-Zip: BAKER, FL 32531

Title: S ( ) Delete  
Name: PARR, CHRISTA  
Address: 5120 GALLIVER CUT-OFF  
City-St-Zip: BAKER, FL 32531

Title: T ( ) Delete  
Name: POLSON, STANLEY M  
Address: P.O. BOX 96  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: V ( ) Delete  
Name: POLSON, BRIAN  
Address: P.O. BOX 96  
City-St-Zip: FORT WALTON BEACH, FL 32549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: STANLEY M. POLSON

P

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date