

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153258

FILED
Apr 24, 2010
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
Name: POLSON, STANLEY M
Address: P.O. BOX 96
City-St-Zip: FORT WALTON BEACH, FL 32549

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

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

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

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

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: STANLEY M. POLSON

P

04/24/2010

Electronic Signature of Signing Officer or Director

_____ Date