

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000035284

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** THE PLUMBING DESIGN CENTER, INC.

**Current Principal Place of Business:**

880 MAYPORT ROAD  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

880 MAYPORT ROAD  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

FEI Number: 26-2380712

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GAUSE, JUDI L  
880 MAYPORT ROAD  
ATLANTIC BEACH, FL 32233 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

**OFFICERS AND DIRECTORS:**

Title: MRS  
Name: GAUSE, JUDI L  
Address: 880 MAYPORT ROAD  
City-St-Zip: ATLANTIC BEACH, FL 32233

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: JUDI L GAUSE

PRES

04/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date