


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000042198 1. Entity Name JAMES K. MCSTRAVIC PLUMBING, INC.	
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Principal Place of Business 1751 NW 26TH AVE CAPE CORAL, FL 33993 US	Mailing Address 1751 NW 26TH AVE CAPE CORAL, FL 33993 US
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0504027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCSTRAVIC, JAMES K
1751 NW 26TH AVE
CAPE CORAL, FL 33993**

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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCSTRAVIC, JAMES K 1751 NW 26TH AVE CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MCSTRAVIC, LINDA 1751 NW 26TH AVE CAPE CORAL, FL 33993
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04/22/08-80007-014 150.00

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 an attachment with an address, with all other like empowerments.

SIGNATURE: *James K Mc Stravie* **4/7/08** **850-6001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #