


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000055864
 1. Entity Name
 ALWAYS PLUMBING COMPANY



Principal Place of Business 1025 JUNIPER AVE NICEVILLE, FL 32578 US	Mailing Address P O BX 1101 NICEVILLE, FL 32588 US
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3461277	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

FRANCIS, ROBERT L
 1025 JUNIPER AVE.
 NICEVILLE, FL 32578

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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 _____
Signature, typed or printed name of registered agent and title if applicable (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	PCEO FRANCIS, ROBERT L PO BOX 1101 NICEVILLE, FL 325881101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, LARRY PO BOX 1101 NICEVILLE, FL 325881101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALVO, E GUS 1523 ROYAL PALM DRIVE NICEVILLE, FL 32578
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 01/17/08-80002-012-150.00

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 on an attachment with an address, with another like empowered.

SIGNATURE: *E. Gus Salvo* 1-12-08 850-678-9577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #