

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143374

Entity Name: PLUMBING BY DESIGN, INC.

FILED
May 02, 2008
Secretary of State

Current Principal Place of Business:

970 SW ST LUCIE WEST BLVD
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

970 SW ST LUCIE WEST BLVD
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 56-2421209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMPBELL, LORENZO A
423 SW LEONA DR.
PORT ST LUCIE, FL 34953 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: VP () Delete
Name: CAMPBELL, LORENZO A
Address: 423 SW LEONA DRIVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: PST () Delete
Name: RYNKIEWICZ, GWENDOLYNNE S
Address: 4101 WOODLAND DRIVE
City-St-Zip: FAIRFAX, VA 22030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GWENDOLYNNE S RYNKIEWICZ

PRES

05/02/2008

Electronic Signature of Signing Officer or Director

Date