

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 154107

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** LINDQUIST PLUMBING & SUPPLY CO., INC.

**Current Principal Place of Business:**

3185 SNEED ROAD  
FT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

3185 SNEED ROAD  
FT PIERCE, FL 34945

**New Mailing Address:**

FEI Number: 59-0582089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASE, ROBERT A  
3185 SNEED ROAD  
FT PIERCE, FL 34945 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: PD  
Name: CASE, ROBERT  
Address: P.O. BOX 13360  
City-St-Zip: FORT PIERCE, FL 34982

Title: VP  
Name: CASE, WADE DEANE  
Address: P.O. BOX 13360  
City-St-Zip: FORT PIERCE, FL 34982

Title: T  
Name: CASE, ROBERT JR  
Address: P.O. BOX 13360  
City-St-Zip: FORT PIERCE, FL 34945

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: WADE CASE

VP

01/03/2012

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

\_\_\_\_\_ Date