2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 203432

Entity Name: ARROW PLUMBING CORPORATION

Current Principal Place of Business:

2180 9TH ST
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2180 9TH ST
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 59-0812522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ERB, C W
3230 SOUTH GATE CIR
SARASOTA, FL 34239 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: CD ( ) Delete
Name: TUCKER, LESLIE H JR
Address: 2180 9TH STREET
City-St-Zip: SARASOTA, FL

Title: PD ( ) Delete
Name: FOXWORTHY, RON
Address: 2180 CORNELY ST
City-St-Zip: SARASOTA, FL 34237

Title: STD ( ) Delete
Name: ERB, C W
Address: 3230 SOUTH GATE CIR
City-St-Zip: SARASOTA, FL 34239

Title: MD ( ) Delete
Name: TUCKER, SUSAN K
Address: 2180 9TH STREET
City-St-Zip: SARASOTA, FL 34237

Title: VP ( ) Delete
Name: PAYNE, WILLIAM G
Address: 1836 BAHIA VISTA ST
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SUSAN K. TUCKER MD 01/13/2009

Electronic Signature of Signing Officer or Director Date