

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90046 035 \*\*\*150.00

**DOCUMENT # 203821**

1. Entity Name

LOWER KEYS PLUMBING CORPORATION, INCORPORATED



Principal Place of Business

1319 S. WOODLAND BLVD  
DELAND FL 32720  
US

Mailing Address

P.O. BOX 253  
DELAND FL 32721  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0810204**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUNDERS, SOPHIE  
436 KINGS CREEK CIR  
P.O. BOX 913  
STEINHATCHEE FL 32359

Name **Sofia C Saunders**

Street Address (P.O. Box Number is Not Acceptable)

**436 Kings Creek Cir**

**P.O. Box 913**

City **STEINHATCHEE**

**FL**

Zip Code  
**32359**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SAUNDERS, D LEON  
STREET ADDRESS 436 KINGS CREEK CIR  
CITY-STATE-ZIP STEINHATCHEE FL 32359

TITLE STD ☐ Delete  
NAME SAUNDERS, SOPHIE  
STREET ADDRESS 436 KINGS CREEK CIR  
CITY-STATE-ZIP STEINHATCHEE FL 32359

TITLE D ☐ Delete  
NAME MANCINI, MARILYN  
STREET ADDRESS 899 E NEW YORK AVE  
CITY-STATE-ZIP DELAND FL

TITLE D ☐ Delete  
NAME THOMAS, MARLENE  
STREET ADDRESS 506 GOODWIN AVE  
CITY-STATE-ZIP NEW SMYRNA BEACH FL 32169

TITLE D ☐ Delete  
NAME KEMP, MAUREEN  
STREET ADDRESS 319 E MINNESOTA AVE  
CITY-STATE-ZIP DELAND FL 32720

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE STD ☒ Change ☐ Addition  
NAME **Sofia C Saunders**  
STREET ADDRESS **436 Kings Creek Circle**  
CITY-STATE-ZIP **STEINHATCHEE, FL 32359**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:

**Sofia C Saunders**  
*Sofia C Saunders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/07**  
Date

**352-498-9905**  
**386-736-0956**  
Daytime Phone #