2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State
01-22-2008 90047 018 ***150.00

DOCUMENT # 203821

1. Entity Name
LOWER KEYS PLUMBING CORPORATION, INCORPORATED

Principal Place of Business	Mailing Address
1319 S. WOODLAND BLVD DELAND, FL 32720 US	P.O. BOX 253 DELAND, FL 32721 US

01162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O Box 253
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: DELAND, FL.
Zip / Country	Zip: 32721 / Country: USA

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, SOFIA C 436 KINGS CREEK CIR P.O. BOX 913 STEINHATCHEE, FL 32359	Name: MARILYN S. MANCINIK Street Address (P.O. Box Number is Not Acceptable): 899 E. New York Avenue City: DELAND FL Zip Code: 32724

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] 1/16/08
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAUNDERS,D LEON 436 KINGS CREEK CIR STEINHATCHEE, FL 32359	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SAUNDERS, SOFIA C 436 KINGS CREEK CIR STEINHATCHEE, FL 32359	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANCINICK, MARILYN 899 E NEW YORK AVE DELAND, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Spelling of last Name MARILYN MANCINIK
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, MARLENE 506 GOODWIN AVE NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEMP, MAUREEN 319 E MINNESOTO AVE DELAND, FL 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: D Leon Saunders D. Leon Saunders 1/16/08 386-451-5968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #