

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 203821

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** LOWER KEYS PLUMBING CORPORATION, INCORPORATED

**Current Principal Place of Business:**

1319 S. WOODLAND BLVD  
DELAND, FL 32720 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 253  
DELAND, FL 32721 US

**New Mailing Address:**

**FEI Number:** 59-0810204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANCICIK, MARILYN S  
899 E NEW YORK AVENUE  
DELAND, FL 32724 US

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

MANCINIK, MARILYN S  
899 E NEW YORK AVENUE  
DELAND, FL 32724 US

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: MARILYN S. MANCINIK

01/07/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SAUNDERS, D LEON,  
Address: 436 KINGS CREEK CIR  
City-St-Zip: STEINHATCHEE, FL 32359

Title: D ( ) Delete  
Name: MANCINIK, MARILYN  
Address: 899 E NEW YORK AVE  
City-St-Zip: DELAND, FL

Title: D ( ) Delete  
Name: THOMAS, MARLENE,  
Address: 506 GOODWIN AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: KEMP, MAUREEN  
Address: 319 E MINNESOTA AVE  
City-St-Zip: DELAND, FL 32720

**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:

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: MARILYN S. MANCINIK

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date