

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 242736

FILED
Mar 26, 2008
Secretary of State

Entity Name: ALPAUGH PLUMBING & SUPPLY OF TAMPA INC

Current Principal Place of Business:

ROBERT B ALPAUGH
9002 N NEBRASKA AVE.
TAMPA, FL 336041738

New Principal Place of Business:

Current Mailing Address:

ROBERT B ALPAUGH
9002 N NEBRASKA AVE.
TAMPA, FL 336041738

New Mailing Address:

FEI Number: 59-0915553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALPAUGH, ROBERT B
9002 N NEBRASKA AVE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

ALPAUGH, ROBERT B PRES.
9002 N NEBRASKA AVE
TAMPA, FL 33604 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: ROBERT B. ALPAUGH

03/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALPAUGH, ROBERT B,
Address: 401 BRENTWOOD DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VP () Delete
Name: ALPAUGH, MANDY K
Address: 815 E RIVER DR
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: ST () Delete
Name: ALPAUGH-HENDERSON, ASHLEE
Address: 330 BELLEVIEW AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALPAUGH, ROBERT B
Address: 401 BRENTWOOD DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

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: ROBERT B. ALPAUGH

PD

03/26/2008

Electronic Signature of Signing Officer or Director

Date