# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2009**
**Secretary of State**

DOCUMENT# 242736

**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:**

9002 N. NEBRASKA AVE
TAMPA, FL 33604

**Current Mailing Address:**

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

**New Mailing Address:**

9002 N. NEBRASKA AVE
TAMPA, FL 33604

**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 PRES.
9002 N NEBRASKA AVE
TAMPA, FL 33604 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: 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Title: ST (X) Change ( ) Addition
Name: HENDERSON, ASHLEE M
Address: 330 BELLE VIEW AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

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: ASHLEE HENDERSON ST 03/23/2009

Electronic Signature of Signing Officer or Director — Date