

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 259633

FILED  
Jan 19, 2007  
Secretary of State

Entity Name: CLEARWATER PLUMBING, INC.

## Current Principal Place of Business:

409 N FT HARRISON AVE  
CLEARWATER, FL 33755 US

## New Principal Place of Business:

## Current Mailing Address:

409 N FT HARRISON AVE  
CLEARWATER, FL 33755 US

## New Mailing Address:

FEI Number: 59-0971059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WIKOFF, KAREN  
409 N FT HARRISON AVE  
CLEARWATER, FL 33755 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: D ( ) Delete  
Name: BURNISON, GARY,  
Address: 2051 LITTLE NECK RD  
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete  
Name: BURNISON, PENNY E  
Address: 627 POINSETTIA RD  
City-St-Zip: BELLEAIR, FL 33756

Title: STD ( ) Delete  
Name: WIKOFF, KAREN  
Address: 653 POINSETTIA RD  
City-St-Zip: BELLEAIR, FL 33756

Title: PD ( ) Delete  
Name: WIKOFF, L CARL  
Address: 653 POINSETTIA RD  
City-St-Zip: BELLEAIR, FL 33756

Title: VD ( ) Delete  
Name: BAILEY, CLIFFORD  
Address: 1306 STONEY BROOK LA  
City-St-Zip: DUNEDIN, FL 34698

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN WIKOFF

STD

01/19/2007

Electronic Signature of Signing Officer or Director

Date