

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 302370**

1. Entity Name  
**PAUL ASENJO PLUMBING INC.**



Principal Place of Business  
**1194 OLD DIXIE HWY #22  
LAKEPARK FL 33403  
US**

Mailing Address  
**1194 OLD DIXIE HWY 22  
LAKE PARK FL 33403  
US**



2. Principal Place of Business - No P.O. Box #

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-1117767**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HICKMAN, LUCILLE S.  
733 FLAMINGO WAY  
N PALM BEACH FL 33408**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 **PS** ☐ Delete  
NAME **HICKMAN, LUCILLE S.**  
STREET ADDRESS **733 FLAMINGO WAY**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

☐ Change ☐ Addition  
U00000680038  
04/03/07-80061-020 158.75

TITLE **VP** ☐ Delete  
NAME **HICKMAN, LAUREL J**  
STREET ADDRESS **6943 151ST COURT NORTH**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

☐ Change ☐ Addition

TITLE **T** ☐ Delete  
NAME **LONGWELL, MARK**  
STREET ADDRESS **2678 CEDAR CREST RD**  
CITY-ST-ZIP **WEST PALM BEACH FL**

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lucille S. Hickman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/07

561) 844-0046

Date

Daytime Phone #