

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # 321128	
1. Entity Name BILLY THE SUNSHINE PLUMBER OF ST. PETERSBURG, INC	

Principal Place of Business 6335 HAINES ROAD N ST. PETERSBURG FL 33702 US	Mailing Address 6335 HAINES ROAD N ST. PETERSBURG FL 33702 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc	State, Apt. #, etc

1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-1172109	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DENICK, DONALD J. 6335 HAINES ROAD NORTH ST PETERSBURG FL 33702	
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7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of current registered agent with title, if applicable. (Current Registered Agent Signature is permanent when required.)

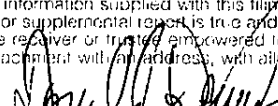
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing, **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENICK, DONALD J. 11000 60TH STREET NORTH PINELLAS PARK FL 33782 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DENICK, JOANNE M. 11000 60TH ST N PINELLAS PARK FL 33782 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DENICK, MADELYN M. 4581 85TH TERRACE, NORTH PINELLAS PARK FL 33781 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENICK, SCOTT A. 4581 85TH TERRACE NORTH PINELLAS PARK FL 33781 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000848121 03/20/08-80005-013 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  **2/29/08 727-4327022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR