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	Mailing Address
6335 HAINES ROAD N ST. PETERSBURG FL 33702 US	6335 HAINES ROAD N ST. PETERSBURG FL 33702 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1172109 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DENICK, DONALD J.
6335 HAINES ROAD NORTH
ST PETERSBURG FL 33702

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 _____
Signature, typed or printed name of individual and title if applicable NOTE: Registered Agent signature required when changing DATE

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	☐ Change ☐ Addition U00000848121 03/20/08-80005-013 158.75
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DENICK, MADELYON M. 4581 85TH TERRACE, NORTH PINELLAS PARK FL 33781	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: _____ 2/29/08 727-432-7022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone Number