

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 321128

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: BILLY THE SUNSHINE PLUMBER OF ST. PETERSBURG, INC

**Current Principal Place of Business:**

6335 HAINES ROAD N  
ST. PETERSBURG, FL 33702 US

**New Principal Place of Business:**

**Current Mailing Address:**

6335 HAINES ROAD N  
ST. PETERSBURG, FL 33702 US

**New Mailing Address:**

FEI Number: 59-1172109      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DENICK, DONALD J.  
6335 HAINES ROAD NORTH  
ST PETERSBURG, FL 33702 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: DENICK, DONALD J.,  
Address: 11000 60TH STREET NORTH  
City-St-Zip: PINELLAS PARK, FL 33782

Title: VPD ( ) Delete  
Name: DENICK, JOANNE M.  
Address: 11000 60TH ST N  
City-St-Zip: PINELLAS PARK, FL 33782

Title: STD ( ) Delete  
Name: DENICK, MADELYON M.,  
Address: 4581 85TH TERRACE, NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

Title: T ( ) Delete  
Name: DENICK, SCOTT A.  
Address: 4581 85TH TERRACE NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

**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:

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: DONALD J. DENICK

PD

02/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date