2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #328344

ACTION PLUMBING INCORPORATED



FILED Feb 19, 2007 08:00 AM Secretary of State

> Applied For Not Applicable

\$8.75 Additional

Principal Place of Business

610 SILVERTON ST. ORLANDO, FL 32808 Mailing Address

610 SILVERTON ST. ORLANDO, FL 32808



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

),501 (2122 (IV)) 2121 2 12	· 510) 2)5() 5(4) 212(215(515) 512) 521 (-
01252007	No Chg-P	CR2E034 (11/05)	

5. Certificate of Status Desired Fee Required

4. FEI Number 59-1207219

DO	NOT	· W	/RI	TE
*	* + *		41	
IN.	THIS	SI	PA	CE

HALL, RICHARD K. 610 SILVERTON ST ORLANDO, FL 32808			la a company a c	A CONTRACTOR	WRITE SPACE	
8. The above	named entity submits this statement for the plons of registered agent	ourpose of changing its register	ed office or registered age	int, or both, in the St	ate of Florida. 1 am far	niliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	of applicable (NOTE Registere	d Agent signature required when rein	rstaling)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	noting \$5.00 Ma			
10.	OFFICERS AND DIREC	CTORS	100 A pt 13 A A A A	er a constant	Mary 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALL, ELMER E 610 SILVERTON ST. ORLANDO, FL 32808			A Company of the second of the	A control of the second of the	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RACHELS, WAYNE 610 SILVERTON ST. ORLANDO, FL 32808			02./2i	00000640680 8/07-80075-0	23 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Γ WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE	gradien (sp. 1944) 1940 – Albert Mary, d 1940 – Albert Mary, de
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				CONTRACTOR OF THE STATE OF THE	entral and a
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>			e de la companya de l	en cara con tentra
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the exe	emptions contained in Cha	apter 119, Florida St	tatutes further certify	that the information

inducated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oant; that I am an order or diffector 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 chapter 607, or on an attachment with an applicable. With all other like empowered

SIGNATURE: 9

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #