

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 362574

FILED  
Jan 19, 2012  
Secretary of State

Entity Name: CAPITAL PLUMBING INC

**Current Principal Place of Business:**

30 WARDS MILL RD  
CUTHBERT, GA 39840

**New Principal Place of Business:**

140 ARROWHEAD LANE  
FORT GAINES, GA 39851

**Current Mailing Address:**

30 WARDS MILL RD  
CUTHBERT, GA 39840

**New Mailing Address:**

140 ARROWHEAD LANE  
FORT GAINES, GA 39851

FEI Number: 59-1288802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEPHENS, ANDREW  
5634 NW 61 AVENUE, ROAD  
SILVER SPRINGS, FL 34488 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STEPHENS, BRADLEY F  
Address: 140 ARROWHEAD LANE  
City-St-Zip: FORT GAINES, GA 39851

Title: STD  
Name: STEPHENS, BRADLEY  
Address: 140 ARROWHEAD LANE  
City-St-Zip: FORT GAINES, GA 39851

Title: VD  
Name: STEPHENS, BRADLEY  
Address: 140 ARROWHEAD LANE  
City-St-Zip: FORT GAINES, GA 39851

Title: T  
Name: STEPHENS, KERRI RAE  
Address: 140 ARROWHEAD LANE  
City-St-Zip: FORT GAINES, GA 39851

I hereby 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 all other like empowered.

SIGNATURE: KERRI RAE STEPHENS

SEC

01/19/2012

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

\_\_\_\_\_  
Date