

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 370062

1. Entity Name
LAGASSE PLUMBING, INC.



Principal Place of Business

% DONALD G. LAGASSE
4240 DEREK WAY
SARASOTA, FL 34233

Mailing Address

% DONALD G. LAGASSE
4240 DEREK WAY
SARASOTA, FL 34233



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1316357

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAGASSE, DONALD G
4240 DEREK WAY
SARASOTA, FL 34233

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAGASSE, DONALD G
STREET ADDRESS	4240 DEREK WAY
CITY-ST-ZIP	SARASOTA, FL 0,
TITLE	VP
NAME	MILLIGAN, WILLIAM L.
STREET ADDRESS	4240 DEREK WAY
CITY-ST-ZIP	SARASOTA, FL
TITLE	VP
NAME	CROCKER, RICHARD D.
STREET ADDRESS	4240 DEREK WAY
CITY-ST-ZIP	SARASOTA, FL
TITLE	S
NAME	MALLEY, DOUGLAS R.
STREET ADDRESS	4240 DEREK WAY
CITY-ST-ZIP	SARASOTA, FL
TITLE	T
NAME	DIANE LA GASSE
STREET ADDRESS	4240 DEREK WAY
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/08/07-80027-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

William L. Milligan UP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/07

941-924-8428