2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 370062

Title:

Name:

Address:

City-St-Zip:

() Delete

MALLEY, DOUGLAS R.,

4240 DEREK WAY

SARASOTA, FL

LACACOE DI LIMBINIO INIC

FILED Feb 23, 2009 Secretary of State

Entity Name: LAGASSE PLUMBING, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
% DONALD G. LAGASSE 4240 DEREK WAY SARASOTA, FL 34233			% WILLIAM L MILLIGAN 4240 DEREK WAY SARASOTA, FL 34233		
Current Mailing Address:			New Mailing Address:		
4240 DERE	O.G. LAGASSE EK WAY A, FL. 34233			% WILLIAM L MILLIGAN 4240 DEREK WAY SARASOTA, FL 34233	
FEI Number:	59-1316357	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
MILLIGAN, WILLIAM 4240 DEREK WAY SARASOTA, FL 34233 US			MILLIGAN, WILLIAM PR 4240 DEREK WAY SARASOTA, FL 34233	ES US	
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: WILLIAM L MILLIGAN				02/23/2009	
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ()[MILLIGAN, WILL 4240 DEREK WA SARASOTA, FL	*		Title: () Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	VP ()[CROCKER, RICH 4240 DEREK WA SARASOTA, FL			Title: (Name: Address: City-St-Zip:) Change ()Addition

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM L MILLIGAN Ρ 02/23/2009

(X) Change () Addition

COURTNEY MILLIGAN,

4240 DEREK WAY

SARASOTA, FL