

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 378271

FILED
Mar 03, 2008
Secretary of State

Entity Name: PLUMBING SERVICES BY GUS, INC.

Current Principal Place of Business:

1422 PINEHURST RD
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1422 PINEHURST RD
P O BOX 9
DUNEDIN, FL 346977009

New Mailing Address:

FEI Number: 59-1346694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, RAMONA G
1422 PINEHURST ROAD
DUNEDIN, FL 34698 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: S () Delete
Name: REYNOLDS, AGNES D
Address: 1114 S. MISSOURI AVE. #109
City-St-Zip: CLEARWATER, FL 33756

Title: PTD () Delete
Name: HATCH, RAMONA G
Address: 29129 JOHNSTON RD. #4-38
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: BRITTON, BRIGITTE,
Address: 1743 S. PINELLAS AVE.
City-St-Zip: TARPON SPGS, FL

Title: VP () Delete
Name: HATCH, WALTER W.,
Address: 29129 JOHNSTON RD. #4-38
City-St-Zip: DADE CITY, FL 33523

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PTD (X) Change () Addition
Name: HATCH, RAMONA G
Address: 263 AMERICUS BLVD E. #55
City-St-Zip: CLEARWATER, FL 33763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HATCH, WALTER W.,
Address: 263 AMERICUS BLVD E. #55
City-St-Zip: CLEARWATER, FL 33763

Title: VP () Change (X) Addition
Name: MCCALL, KEVIN C
Address: 1006 ORCA COURT
City-St-Zip: HOLIDAY, FL 34691

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: AGNES D. REYNOLDS

S

03/03/2008

Electronic Signature of Signing Officer or Director

_____ Date