

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 392548

FILED  
May 02, 2007  
Secretary of State

Entity Name: TAMSETT PLUMBING, INC.

## Current Principal Place of Business:

15311 OLD U.S. HWY. 441  
BLDG G  
TAVARES, FL 327780494 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 494  
TAVARES, FL 327780494

## New Mailing Address:

FEI Number: 59-1371795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAMSETT, EDEE W  
2720 SANDSPUR PT  
P.O.BOX 194  
MOUNT DORA, FL 32757 US

## Name and Address of New Registered Agent:

TAMSETT, EDEE W  
2720 SANDSPUR PT  
MOUNT DORA, FL 32757 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: EDEE TAMSETT

05/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TAMSETT, EDEE,  
Address: 15311 OLD HWY 441 SOUTH  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: TAMSETT, HARRY A,  
Address: 15311 OLD HWY 441 SOUTH  
City-St-Zip: TAVARES, FL 32778

Title: VP,S ( ) Delete  
Name: TAMSETT, JERRAD C  
Address: 15311 OLD HWY #441 SOUTH  
City-St-Zip: TAVARES, FL 32778 US

Title: T ( ) Delete  
Name: TAMSETT, EDEE W  
Address: 15311 OLD HWY #441 SOUTH  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: EDEE, TAMSETT W  
Address: 15311 OLD HWY #441  
City-St-Zip: TAVARES, FL 32778

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: EDEE TAMSETT

P,D

05/02/2007

Electronic Signature of Signing Officer or Director

Date