## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 398484** 

Entity Name: TROPICAL PLUMBING, INC.

## FILED Jan 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 905 127 BOMBER ROAD

STATE RD 559 SE OF EAGLE LAKE WINTER HAVEN, FL 33880

EAGLE LAKE, FL 33839

Current Mailing Address: New Mailing Address:

P.O. BOX 905 P.O. BOX 905

STATE RD 559 SE OF EAGLE LAKE EAGLE LAKE, FL 33839

EAGLE LAKE, FL 33839

FEI Number: 59-1384757 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DAUGHTRY, WILLIAM R JR.

127 BOMBER ROAD

DAUGHTRY, WILLIAM R
127 BOMBER ROAD

WINTER HAVEN, FL 33880 US WINTER HAVEN, FL 33880 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 R DAUGHTRY 01/15/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

Name: MATHES, ROBERT K., Name:

Address: STATE RD 559 SE OF EAGLE LAKE Address: City-St-Zip: EAGLE LAKE, FL City-St-Zip:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: DAUGHTRY, WILLIAM R JR. Name: DAUGHTRY, WILLIAM R

Address: STATE RD 559 SE OF EAGLE LAKE
City-St-Zip: EAGLE LAKE, FL 33839

Name: DAOGHTRT, WILLIAW R
Address: 1206 GREY FOX HOLLOW DRIVE
City-St-Zip: WINTER HAVEN, FL 33880-503

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WINKLER, LINDA C
 Name:

 Address:
 STATE RD 559 SE OF EAGLE LAKE
 Address:

 City-St-Zip:
 EAGLE LAKE, FL 33839
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM R DAUGHTRY PRES 01/15/2007