

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Feb 21, 2007  
Secretary of State**

DOCUMENT# 398484

Entity Name: TROPICAL PLUMBING, INC.

**Current Principal Place of Business:**

127 BOMBER ROAD  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 905  
EAGLE LAKE, FL 33839

**New Mailing Address:**

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

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

DAUGHTRY, WILLIAM R  
127 BOMBER ROAD  
WINTER HAVEN, FL 33880      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

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: MATHES, ROBERT K.,  
Address: STATE RD 559 SE OF EAGLE LAKE  
City-St-Zip: EAGLE LAKE, FL

Title: P ( ) Delete  
Name: DAUGHTRY, WILLIAM R  
Address: 1206 GREY FOX HOLLOW DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPST (X) Change ( ) Addition  
Name: MATHES, KENNETH L MR  
Address: 127 BOMBER ROAD  
City-St-Zip: WINTER HAVEN, FL 33880

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

Title: D ( ) Change (X) Addition  
Name: MATHES, ROBERT K MR  
Address: 127 BOMBER ROAD  
City-St-Zip: WINTER HAVEN, FL 33880

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

P

02/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date