

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 08:00**  
**Secretary of State**

**DOCUMENT # 432744**

1. Entity Name  
**MARGATE PLUMBING INC**



Principal Place of Business  
**2711 VISTA PARKWAY NORTH  
UNIT B13  
WEST PALM BEACH, FL 33411**

Mailing Address  
**2711 VISTA PARKWAY NORTH  
UNIT B13  
WEST PALM BEACH, FL 33411**



03072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1545713</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**BROWN, CURTIS S  
8331 SAW PINE ROAD  
DELRAY BEACH, FL 33446**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	BROWN, DELORES L.
STREET ADDRESS	7320 E CYPRESSHEAD DR
CITY - ST - ZIP	PARKLAND, FL
TITLE	V
NAME	BROWN, WILLIAM J
STREET ADDRESS	7320 E. CYPRESSHEAD DRIVE
CITY - ST - ZIP	PARKLAND, FL
TITLE	P
NAME	BROWN, CURTIS S
STREET ADDRESS	8331 SAW PINE ROAD
CITY - ST - ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000865920  
04/08/08-80009-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_