

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 436534

1. Entity Name

MIKE WOOD PLUMBING CO.



Principal Place of Business

6640 ARLINGTON ROAD
JACKSONVILLE FL 32211

Mailing Address

6640 ARLINGTON ROAD
JACKSONVILLE FL 32211



1st MOORE

CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1484539

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, JACQUILINE F
6899 N HOWALT CT
JACKSONVILLE FL 32277

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Sign here, typed or printed name of registered agent and the filer, if applicable

(NOTE: Registered Agent Signature Required when Incorporating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
PDT	WOOD, JACQUILINE F	6640 ARLINGTON ROAD	JACKSONVILLE FL 32211				
PD	WOOD, JACQUILINE F.	6640 ARLINGTON ROAD	JACKSONVILLE FL 32211				
VD	WOOD, WALTER W	6640 ARLINGTON ROAD	JACKSONVILLE FL 32211				
VD S	WOOD, WALTER W	6640 ARLINGTON ROAD	JACKSONVILLE FL 32211				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:

Jacqueline F. Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline F. Wood, Pres. 2-2-08

904 745-8031

Date

Daytime Phone #