

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90012 016 ***155.00

DOCUMENT # 453967

1. Entity Name

DYSER PLUMBING COMPANY



Principal Place of Business

Mailing Address

4312 OAKHURST TERRACE
TAMPA FL 33624

4312 OAKHURST TERRACE
TAMPA FL 33624

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33618-8625

33618-8625

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DYSER, RONALD L
4312 OAKHURST TERRACE
TAMPA FL 33624

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DYSER, RONALD
STREET ADDRESS 4312 OAKHURST TERRACE
CITY- ST- ZIP TAMPA FL 33624

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Tampa FL 33618-8625

TITLE VST
NAME DYSER, SYLVIA
STREET ADDRESS 4312 OAKHURST TERRACE
CITY- ST- ZIP TAMPA FL 33624

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Tampa FL 33618-8625

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CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-07

Date

Daytime Phone #