

**NON-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 459998**

1. Entity Name  
**GOLDEN X PLUMBING SUPPLIES, INC.**



Principal Place of Business      Mailing Address

**8 N FLA AVENUE  
INVERNESS, FL 34453    US**

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INVERNESS, FL 34453    US**

**DO NOT WRITE IN THIS SPACE**



01032008    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**59-1554576**

Applied For  
Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, HERBERT  
911 NW 209 AVE 108  
PEMBROKE PINES, FL 33029**

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	P MANNION, MARK 706 N. HEATHROW DR LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, JOHN W. 240 N INDIANAPOLIS AVE HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, SHERRY L 6100 SW 136 AVE DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/08-80053-019 150.00

**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 all other like empowered.

**SIGNATURE:** Mark W. Mannion *Mark W. Mannion*      1/8/08    (352)726-9349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #