


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 462533</b> 1. Entity Name <b>ED MARTIN PLUMBING COMPANY</b>	
---	---

Principal Place of Business <b>10558 -75TH ST N. LARGO, FL 33777 US</b>	Mailing Address <b>10558 -75TH ST N. LARGO, FL 33777 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1556280</b>	Applied For <input type="checkbox"/> 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  <b>WILLIAM N. MARTIN 10558- 75TH ST N. LARGO, FL 33777</b>
---

**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 \_\_\_\_\_

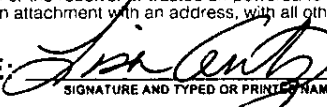
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTIN, ROSE MARIE 9416 126TH AVE NORTH LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, WILLIAM "MARK" 7853 SHADOW RUN DR. LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUTZ, LISA 10 WIDGEON PL SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000640402  
02/28/07-80065-005 150.00

**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:  **Lisa Gutz** **2-14-07 727-546-7189**

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