## 2008 FOR PROFIT CORPORATION

## Jan 14, 2008 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT #526376** 01-14-2008 90099 007 \*\*\*150.00 1. Entity Name TERMINE PIPE AND PLUMBING SUPPLY, INC. Principal Place of Business Mailing Address 40000 2900 HARPER RD. 2900 HARPER RD. MELBOURNE, FL 32904-1155 MELBOURNE, FL 32904-1155 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 59-1737379 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, CYNTHIA T Street Address (P.O. Box Number is Not Acceptable) 2380 GOLFWOOD RD 32935 MELBOURNE, FL 32-9355 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Addition 1136 Carissa Place NAME CRUMBAUGH, JAY NAME STREET ADDRESS 1147 HIAWATHA ST. STREET ADDRESS Melbourne FI 32935 MELBOURNE, FL 32935 CITY-ST-ZIP CITY-ST-ZIP TITLE Detete HTLE ☐ Change ☐ Addition NAME SMITH, CYNTHIA T. NAME 2380 GOLFWOOD RD STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32935 CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition TITLE ☐ Delete TERMINE, JOSEPH NAME NAME STREET ADDRESS 955 PLACID DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE, FL 32935 ☐ Delete Change ☐ Addition TITLE NELSON, ROSS NAME NAME 1044 LYNBROOK ST NW STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY, FL 32907 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZiP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

☐ Addition

FILED