

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 544177

FILED
Feb 12, 2009
Secretary of State**Entity Name:** JOHN JONES PLUMBING SPECIALIST INC.**Current Principal Place of Business:**5041 S. STATE RD 7
422
DAVIE, FL 33314 US**New Principal Place of Business:****Current Mailing Address:**5041 S. STATE RD 7
422
DAVIE, FL 33314 US**New Mailing Address:****FEI Number:** 59-1767324 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JONES, JOHN
5041 S STATE RD 7 #422
DAVIE, FL 33314 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** S () Delete
Name: JONES, JAMES
Address: 5041 S STATE RD 7 #422
City-St-Zip: DAVIE, FL 33314**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: JONES, JOHN
Address: 5041 S STATE RD 7 #422
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN JONES

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date