

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 544177

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** JOHN JONES PLUMBING SPECIALIST INC.

**Current Principal Place of Business:**

1532 SW 29TH AVENUE  
FT. LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

2430 SHERMAN STREET  
HOLLYWOOD, FL 33020 US

**Current Mailing Address:**

P.O. BOX 817706  
HOLLYWOOD, FL 33081 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  
593 LAKE CHARLES  
PORT ST. LUCIE, FL 34988 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: P  
Name: JONES, JOHN  
Address: 593 LAKE CHARLES  
City-St-Zip: PORT ST. LUCIE, FL 34988

I hereby 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 all other like empowered.

SIGNATURE: JOHN JONES

PRES

02/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date