

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT #577414

1. Entity Name
QUALITY PLUMBING, INC. OF TALLAHASSEE



Principal Place of Business
**3647 HARTSFIELD RD
TALLAHASSEE, FL 32303**

Mailing Address
**1560 CAPITAL CIRCLE NW
SUITE 16
TALLAHASSEE, FL 32303**

DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1861283

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAMBERT, HENRY & CURRIE, DON
47 RIVER COURT
CRAWFORDVILLE, FL 32327**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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 **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LAMBERT, HENRY**
STREET ADDRESS **47 RIVER CT**
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE **V**
NAME **CURRIE, DON**
STREET ADDRESS **50 BERT RIDGE RD**
CITY-ST-ZIP **HAVANA, FL 32333**

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STREET ADDRESS
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U00000844512
03/13/08-80002-005 150.00

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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: *Don Currie* *Don Currie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 28, 2008
Date Daytime Phone #