# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 605636

1. Entity Name
WALLICE PLUMBING, INC.

Principal Place of Business
12496 WILES ROAD
CORAL SPRINGS, FL 33076

Mailing Address
12496 WILES ROAD
CORAL SPRINGS, FL 33076

03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1910459
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAAVEDRA, DAMASO W. (ESQ.)
312 SE 17 ST SECOND FLOOR
FORT LAUDERDALE, FL 33316

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

U00000083347
04/16/08-80077-013 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PT |
| NAME | WALLICE, STEVE |
| STREET ADDRESS | 12496 WILES ROAD |
| CITY-ST-ZIP | CORAL SPRINGS, FL |
| TITLE | VP |
| NAME | WALLICE, LUANNE |
| STREET ADDRESS | 12496 WILES RD |
| CITY-ST-ZIP | CORAL SPRINGS, FL |
| TITLE | S |
| NAME | WALLICE, LUANNE |
| STREET ADDRESS | 12496 WILES ROAD |
| CITY-ST-ZIP | CORAL SPRINGS, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____ STEVEN WALLICE, PRES. 4-3-08 954-752-0720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #