

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90057 031 ***150.00

DOCUMENT # 618335					
1. Entity Name GARY RODGERS PLUMBING COMPANY, INC.					
Principal Place of Business 1910-1 BASSETT RD JACKSONVILLE, FL 32208			Mailing Address P.O. BOX 350450 JACKSONVILLE, FL 32235		
2. Principal Place of Business - No P.O. Box # 1910 Bassett Road		3. Mailing Address 1910 Bassett Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL.		City & State Jacksonville, FL.		4. FEI Number 59-1890385	
Zip 32208		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODGERS, GARY D 13026 BERWICKSHIRE DR JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name: Andrew J. Rodgers Street Address (P.O. Box Number is Not Acceptable): 49157 River Bluff Drive City: Hilliard FL Zip Code: 32046		
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: <u>[Signature]</u> <u>VP</u> <u>Andrew J. Rodgers</u> <u>1-14-08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RODERS, GARY D STREET ADDRESS 13026 BERWICKSHIRE DR CITY - ST - ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		TITLE VP NAME Rodgers, Gary D. STREET ADDRESS 39 N. Riverwalk Drive CITY - ST - ZIP Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME RODERS, JANET C STREET ADDRESS 13026 BERWICKSHIRE DR CITY - ST - ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		TITLE ST NAME Rodgers, Janet C. STREET ADDRESS 39 N. Riverwalk Drive CITY - ST - ZIP Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME RODERS, ANDREWS J STREET ADDRESS 49157 RIVER BLUFF RD CITY - ST - ZIP HILLIARD, FL 32046	<input type="checkbox"/> Delete		TITLE P NAME Rodgers, Andrew J. STREET ADDRESS 49157 River Bluff Drive CITY - ST - ZIP Hilliard, FL 32046	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME RODERS, CHRISTOPHER J STREET ADDRESS 12339 SUTTON ISLAND DR CITY - ST - ZIP JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Janet C. Rodgers</u> <u>VP</u> <u>Janet C. Rodgers</u> <u>1-14-08</u> <u>904-765-796x</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					