

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 635088

FILED
Feb 02, 2008
Secretary of State

Entity Name: A-1 AMERICAN PLUMBING, INC.

Current Principal Place of Business:

4361 W. SUNRISE BLVD.
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

4361 W. SUNRISE BLVD.
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 59-1935472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, MICHAEL
4361 W. SUNRISE BLVD.
PLANTATION, FL 33313 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRANT, DARLENE,
Address: 2784 NE 24 STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: P () Delete
Name: GRANT, MICHAEL,
Address: 2784 NE 24 STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: GRANT, MATTHEW
Address: 2784 NE 24 STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: T () Delete
Name: LEIBOLD, CHERYL
Address: 5370 NW 29 COURT
City-St-Zip: MARGATE, FL 33060

Title: D () Delete
Name: MARCH, THOMAS
Address: 4213 NW 73 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: THOMPSON, GEORGE
Address: 4670 NW 10 PLACE
City-St-Zip: PLANTATION, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL GRANT

PRES

02/02/2008

Electronic Signature of Signing Officer or Director

Date