

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 635782 1. Entity Name WM. F. MCDONOUGH PLUMBING, INC.	
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Principal Place of Business 6468 PARKLAND DR. SARASOTA, FL 34243	Mailing Address 6468 PARKLAND DR. SARASOTA, FL 34243
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DO NOT WRITE IN THIS SPACE



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1930508	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, DONALD F
 6468 PARKLAND DR.
 SARASOTA, FL 34243

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

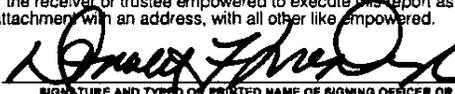
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UD00000649423
 03/07/07-80048-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCDONOUGH, DONALD F 6468 PARKLAND DR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCDONOUGH, BLYTHE 6468 PARKLAND DR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDONOUGH, RYAN F 6468 PARKLAND DR SARASOTA, FL 34243
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:  2/20/07 941-753-6436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #