

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646095

**FILED
Apr 09, 2007
Secretary of State**

Entity Name: MISTER PLUMBER, INC.

Current Principal Place of Business:

991 STINSON WAY
403
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

991 STINSON WAY
403
WEST PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 59-1958726 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRITZ, DONALD A.
7485 NW 22 STREET
MARGATE, FL 33063 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: P () Delete
Name: FRITZ, DONALD A.,
Address: 7485 NW 22 STREET
City-St-Zip: MARGATE, FL 33063

Title: ST () Delete
Name: FRITZ, BARBARA,
Address: 7485 NW 22 STREET
City-St-Zip: MARGATE, FL 33063

Title: VP () Delete
Name: FRITZ, ROBERT T.,
Address: 15513 66 COURT, N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP () Delete
Name: FRITZ, DONALD T.,
Address: 13050 CITURS GROVE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33412 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA L. FRITZ

ST

04/09/2007

Electronic Signature of Signing Officer or Director

_____ Date