

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 851533 1. Entity Name FRANKENMUTH PLUMBING & HEATING, INC.					
Principal Place of Business 17281 ALICO CENTER RD SUITE #2 FT MYERS FL 33912 US			Mailing Address 17281 ALICO CENTER RD SUITE #2 FT MYERS FL 33912-6019 US		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		4. FEI Number 38-1908827	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHORT, DONALD G. 17281 ALICO CENTER RD STE 2 FT MYERS FL 33912 				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 150.00 2-3-08 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's name appears when completing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLEMONS, WILLIAM 17281-2 ALICO CENTER RD FT MYERS FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHORT, DONALD G 17281 ALICO CENTER RD 2 FT MYERS FL 33912	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV SHORT, MARK 7660 MEILKE RD FREELAND MI 00000	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 2-3-08 239-433-184 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					