


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # F00898</b>                          |  |
| 1. Entity Name<br><b>DAVE KALM PLUMBING, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>8137 CANAVERAL BLVD<br/>CAPE CANAVERAL, FL 32920</b> | Mailing Address<br><b>8137 CANAVERAL BLVD<br/>CAPE CANAVERAL, FL 32920</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2026687</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

**SWSIEGART, EARL A SR  
8137 CANAVERAL BLVD  
CAPE CANAVERAL, FL 32920**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

10. OFFICERS AND DIRECTORS

|  |                                    |
|--|------------------------------------|
| TITLE<br><b>DP</b>                       | NAME<br><b>SWEIGART, EARL A SR</b> |
| STREET ADDRESS<br><b>415 BACARDI AVE</b> |                                    |
| CITY-ST-ZIP<br><b>MERRITT ISLAND, FL</b> |                                    |
| TITLE                                    |                                    |
| NAME                                     |                                    |
| STREET ADDRESS                           |                                    |
| CITY-ST-ZIP                              |                                    |
| TITLE                                    |                                    |
| NAME                                     |                                    |
| STREET ADDRESS                           |                                    |
| CITY-ST-ZIP                              |                                    |
| TITLE                                    |                                    |
| NAME                                     |                                    |
| STREET ADDRESS                           |                                    |
| CITY-ST-ZIP                              |                                    |
| TITLE                                    |                                    |
| NAME                                     |                                    |
| STREET ADDRESS                           |                                    |
| CITY-ST-ZIP                              |                                    |

**DO NOT WRITE IN THIS SPACE**

000000690982  
04/12/07-80012-017,150.00

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: *Earl A Swiegart Sr.* EARL A SWEIGART SR. 4-26-07 321 783-1123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #