


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90050 028 ***150.00

DOCUMENT # F03000000975 1. Entity Name NORTHWEST PLUMBING JACKSONVILLE, INC.					
Principal Place of Business 6100 PHILLIPS HIGHWAY JACKSONVILLE, FL 32216			Mailing Address 6310 MABLETON PARKWAY STE 1000 MABLETON, GA 30126		
2. Principal Place of Business - No P.O. Box # 5941 Richard St Suite, Apt. #, etc. Suite 3		3. Mailing Address no change Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State		4. FEI Number 36-4521655	
Zip 32216		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BOOZER, RUSSELL 6310 MABLETON PARKWAY, STE 1000 MABLETON, GA 30126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD BRADY, RAY 6310 MABLETON PARKWAY, STE 1000 MABLETON, GA 30126	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAHAFFEY, TONY 6310 MABLETON PARKWAY, STE 1000 MABLETON, GA 30126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WHITLOCK, EDMUND 6310 MABLETON PARKWAY, STE 1000 MABLETON, GA 30126	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, LISA M 6310 MABLETON PARKWAY, STE 1000 MABLETON, GA 30126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKERBY, WAYNE 6310 MABLETON PARKWAY, STE 1000 MABLETON, GA 30126	<input type="checkbox"/> Delete			
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: _____ 1/22/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					