

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F47092

FILED
Apr 21, 2009
Secretary of State

Entity Name: DOYLE WESSON PLUMBING, INC.

Current Principal Place of Business:

4776 RADIO RD #703
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

4776 RADIO RD #703
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2141500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESSON, DOYLE
5601 CYNTHIA LN
NAPLES, FL 34112 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: PD () Delete
Name: WESSON, DOYLE
Address: 5601 CYNTHIA LN
City-St-Zip: NAPLES, FL

Title: STDV () Delete
Name: WESSON, PAMELA
Address: 5601 CYNTHIA LN
City-St-Zip: NAPLES, FL

Title: VP () Delete
Name: WESSON JR, JEFFREY
Address: 149 WADING BIRD CIR #201
City-St-Zip: NAPLES, FL 34110

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:

I hereby certify that the information supplied with this filing does not qualify 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: PAMELA WESSON

STDV

04/21/2009

Electronic Signature of Signing Officer or Director

Date