


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F59440**  
 1. Entity Name  
**ALLIED PLUMBING, INC.**



Principal Place of Business  
**4048 SW 51ST ST.  
 FT LAUDERDALE, FL 33314**

Mailing Address  
**4048 SW 51ST ST.  
 FT LAUDERDALE, FL 33314**



04182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2155026</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TUMPEK, JOHN  
 4048 SW 51ST STREET  
 FT LAUDERDALE, FL 33314**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000922245 05/15/08-80038-025 150.00
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD TUMPEK, JOHN 4048 SW 51ST STREET FT. LAUDERDALE, FL 00000, 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TUMPEK, PATRICIA 4048 SW 51ST STREET FT LAUDERDALE, FL 00000, 33314
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**DO NOT WRITE IN THIS SPACE**

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:** John Tumpek **John Tumpek** 4-22-08 954-587-2454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #