

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F85587 1. Entity Name SOUTHSIDE PLUMBING INC	
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Principal Place of Business 726 S. WOODLAND BLVD DELAND, FL 32720	Mailing Address P. O. BOX 157 LAKE HELEN, FL 32744
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DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2193317	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CRUZ, FRANCISCO
726 S. WOODLAND BLVD
DELAND, FL 32720**

**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 of the registered agent or the registered agent's authorized representative. (NOTE: Registered Agent signature is required on this statement.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000941119 05/28/08-80094-017-150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CRUZ, FRANCISCO P. O. BOX 157 LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD KRANATZ, WALTER W 1332 CITRUS ISLE FT LAUDERDALE, FL 33315
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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 another like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____