

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94900

Entity Name: TRYON PLUMBING, INC.

FILED  
May 07, 2009  
Secretary of State

**Current Principal Place of Business:**

925 WAGNER PLACE  
FORT PIERCE  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 13025  
FT. PIERCE, FL 34979 US

**New Mailing Address:**

FEI Number: 59-2223731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEROSS, JOSEPH J JR  
500 VIRGINIA AVE  
FT. PIERCE, FL 34982 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TRYON, ROBERT C  
Address: 410 NW DOVER CT.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ROBERT C. TRYON

PRES

05/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date