2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# G08244

Entity Name: PHILLIP MAURICI PLUMBING, INC.

Current Principal Place of Business:

% PHILLIP MAURICI
14545 N.FLORIDA AVE.
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

% PHILLIP MAURICI
14545 N.FLORIDA AVE.
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-2234969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAURICI, PHILLIP
14545 N FLORIDA AVE
TAMPA, FL 33613 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: P ( ) Delete
Name: MAURICI, PHILLIP N
Address: 14545 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

Title: VP ( ) Delete
Name: MAURICI, STEPHEN
Address: 211 CHAPMAN RD W
City-St-Zip: LUTZ, FL 33548

Title: T ( ) Delete
Name: REID, DENA M
Address: 211 CHAPMAN ROAD, W
City-St-Zip: LUTZ, FL 33548

Title: S ( ) Delete
Name: MAURICI, DENISE
Address: 211 CHAPMAN RD W
City-St-Zip: LUTZ, FL 33548

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:

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: PHILLIP N. MAURICI PRES 01/18/2008

Electronic Signature of Signing Officer or Director — Date