

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90048 013 \*\*\*150.00

DOCUMENT # G35844

1. Entity Name

PLUMBING SUPPLY OUTLET, INC.



Principal Place of Business

1355 BLVD. OF THE ARTS  
SARASOTA FL 34236  
US

Mailing Address

P.O. BOX 1857  
SARASOTA FL 34230  
US



2. Principal Place of Business

*\*Boulevard (Spelled out)*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2368999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WENDELL, DEBBIE  
1365 BLVD OF THE ARTS  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

*Debbie Wendell*

Street Address (P.O. Box Numbers Not Acceptable)

*1355 Boulevard of the Arts*

City

*Sarasota, FL FL*

Zip Code

*34236*

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

*Debbie Wendell*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

*3/2/06*

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME P  
STREET ADDRESS 4834 WILD DOVE LANE  
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS PENIX WENDELL, DEBORAH ANN  
CITY-ST-ZIP 8171 PALMER BLVD. SARASOTA FL 34240

TITLE ☒ Delete  
NAME ST- - -  
STREET ADDRESS PENIX, PAULINE  
CITY-ST-ZIP 1720 BIRCHWOOD STREET SARASOTA FL 34231

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Deborah Ann Rensch Wendell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/2/06*

Date

*941-3666755*

Daytime Phone #