

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # G86740 1. Entity Name MIKELL PLUMBING, INC.	
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Principal Place of Business 722 N CENTRAL AVE KISSIMMEE, FL 34741	Mailing Address 722 N CENTRAL AVE KISSIMMEE, FL 34741
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEL Number 59-2432894	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THACKER, JO O C/O OVERSTREET, RITCH AND THACKER 100 CHURCH STREET KISSIMMEE, FL 34741

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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.

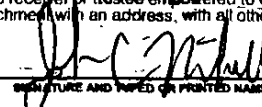
SIGNATURE _____
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$600.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIKELL, CHARLES L. 1809 W. BROWN ST. KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TB MIKELL, JACQUELYN R. 1809 W. BROWN ST. KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIKELL, JOHN C. 722 N. CENTRAL AVE. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8 JAN 07 Date	4028414421 Daytime Phone #
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