

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H60127

Entity Name: HYPOLUXO PLUMBING, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

123 EAST COAST AVE.
LANTANA, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

123 EAST COAST AVE.
LANTANA, FL 33462 US

New Mailing Address:

FEI Number: 59-2527815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKHALTER, RONNIE
660 CINDY CIRCLE LANE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

BURKHALTER, RONNIE
440 ASTER ROAD
PT ST LUCIE, FL 34953 US

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:

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURKHALTER, RONNIE
Address: 123 EAST COAST AVE.
City-St-Zip: LANTANA, FL 33462 US

Title: STD () Delete
Name: BURKHALTER, KATHY
Address: 660 CINDY CIRCLE LANE
City-St-Zip: WELLINGTON, FL 33414 US

Title: V () Delete
Name: BURKHALTER, KATHY
Address: 660 CINDY CIRCLE LANE
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: BURKHALTER, KATHY
Address: 440 ASTER ROAD
City-St-Zip: PT ST LUCIE, FL 34953 US

Title: V (X) Change () Addition
Name: BURKHALTER, KATHY
Address: 440 ASTER ROAD
City-St-Zip: PT ST LUCIE, FL 34953 US

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: RONNIE BURKHALTER

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date