

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # H63701

1. Entity Name
DOUBLE DISCOUNT PLUMBING, INC.



Principal Place of Business

**7204 ALOMA AVE
WINTER PARK, FL 32792**

Mailing Address

**7204 ALOMA AVE
WINTER PARK, FL 32792**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2555943

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITE, CECIL E
14245 DEL JEAN CIRCLE
ORLANDO, FL 32828**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000777518
01/10/08-80011-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHITE, CECIL E
STREET ADDRESS	14245 DEL JEAN CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	V
NAME	HAWKES, GARY L
STREET ADDRESS	409 OREGON AVE
CITY-ST-ZIP	ST CLOUD, FL 34769
TITLE	ST
NAME	JENKINS, LONNIE W JR
STREET ADDRESS	13519 LACEBARK PINE RD
CITY-ST-ZIP	ORLANDO, FL 32832
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

Gary L Hawkes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-08

407-657-1229