## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H63701

FILED Jan 13, 2009 Secretary of State

Entity Name: DOUBLE DISCOUNT PLUMBING, INC.

Current Principal Place of Business:		New Principal Place of Business:		
204 ALOI VINTER F	MA AVE PARK, FL 327	92		
current Mailing Address:		ss:	New Mailing Address:	
204 ALOI VINTER F	MA AVE PARK, FL 327	92		
El Number	: 59-2555943	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
/HITE, C 4245 DEI	ECIL E L JEAN CIRCL	.E		
	D, FL 32828	US		
RLAND( he above	D, FL 32828		purpose of changing its registere	ed office or registered agent, or both,
RLANDO	D, FL 32828 named entity e of Florida.		purpose of changing its registere	ed office or registered agent, or both,
RLANDO ne above the State	D, FL 32828 e named entity e of Florida.  RE:			ed office or registered agent, or both,
RLANDO he above the State	o, FL 32828 named entity of Florida.  RE: Electro	submits this statement for the		
PRLANDO  he above the State IGNATUI  lection Cal	o, FL 32828 named entity of Florida.  RE: Electro	submits this statement for the nic Signature of Registered Aggrust Fund Contribution ( ).	ent	
RLANDO he above the State IGNATUI	o, FL 32828 e named entity e of Florida.  RE: Electro mpaign Financir S AND DIREC	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  CTORS:  ) Delete .E AN CIRCLE	ent	Date
RLANDO the above the State IGNATUI ection Car FFICER: tle: ame: ddress:	e named entity e of Florida.  RE: Electro  mpaign Financir  S AND DIREC  P ( WHITE, CECIL 14245 DEL JE ORLANDO, FL	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  CTORS:  ) Delete AN CIRCLE 32828  ) Delete RY L AVE	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: GARY L HAWKES V 01/13/2009