

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H66201

Entity Name: ALPINE PLUMBING INC.

FILED
Jan 23, 2008
Secretary of State

Current Principal Place of Business:

8513 GUNN HIGHWAY
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

8513 GUNN HIGHWAY
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 84-0997665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DULLE, JAMES M
9237 BONNINGTON
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

DULLE, JAMES M
18519 COUNCIL CREST
ODESSA, FL 33556 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: KYLE MACCULLOUGH

01/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DULLE, JAMES M
Address: 18519 COUNCIL CREST
City-St-Zip: ODESSA, FL 33556

Title: V () Delete
Name: MACCULLOUGH, KYLE A
Address: 16107 COPELAND FARMS RD
City-St-Zip: ODESSA, FL 33556

Title: ST () Delete
Name: DULLE, SHARON M
Address: 18519 COUNCIL CREST
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: MACCULLOUGH, KYLE A
Address: 16151 MCARN TRAIL
City-St-Zip: ODESSA, FL 33556

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

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: KYLE MACCULLOUGH

VP

01/23/2008

Electronic Signature of Signing Officer or Director

Date