2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H77155

Title:

Name:

Address:

City-St-Zip:

2VP

() Delete

SCOTT, JAMES W 111

FT MEYERS, FL 33901

1573 MATTHEW DR APT 9

FILED Apr 29, 2009 Secretary of State

Entity Nar	me: JAMES∖	W. SCOTT JR., PLUMBING, IN	C.		
Current P	rincipal Place	e of Business:	New Principal Plac	New Principal Place of Business:	
2695 CRAI FT MYERS	IG ST. 3, FL 33901		2695 CRAG ST. FT MYERS, FL 3390	2695 CRAG ST. FT MYERS, FL 33901	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2695 CRAI FT MYERS	IG ST. S, FL 33901		2695 CRAG ST. FT MYERS, FL 3390	01	
FEI Number:	: 59-2578062	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
FT MYERS The above	ANGE RIVER 5, FL 33905	US submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (SCOTT, JAME 14871 ORANG FT MYERS, FL	E RIVER RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (SCOTT, MART 14871 ORANG FT MYERS, FL	E RIVER RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

2VP

SCOTT, JAMES W 111 5201-3 CEDAR BEND DR

FT MYERS, FL 33919

(X) Change () Addition

SIGNATURE: MARTHA SCOTT VΡ 04/29/2009