2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H81041

Address:

City-St-Zip:

327 MAGELLAN DRIVE

SARASOTA, FL 34243

Entity Name: PROFESSIONAL PLUMBING & DESIGN INC

FILED Jan 16, 2007 Secretary of State

	iidi Titoi Lo	SIGNALT EGINDING & BEGIGT	v, 11 vo.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1661 UNIVERSITY PKWY W. SUITE G SARASOTA, FL 34243 US		4450 MIDDLE AVENUE SARASOTA, FL 34234	US		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1661 UNIVERSITY PKWY W. SUITE G SARASOTA, FL 34243 US		4450 MIDDLE AVENUE SARASOTA, FL 34234	US		
FEI Number:	59-2567804	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
1661 W. UÍ UNIT G SARASOTA	THEODORE NIVERSITY PR A, FL 34243 U	XWY. JS	4450 MIDDLE AVENUE SARASOTA, FL 34234		
in the State		submits this statement for the p	urpose of changing its registered o	nnce of registered agent, or both,	
SIGNATURE:				01/16/2007	
	Electron	ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () WITTMAN, THE 2255 61ST ST. SARASOTA, FL	Delete ODORE A.,	Title: () Name: Address: City-St-Zip:) Change()Addition	
Title: Name: Address: City-St-Zip:	VP () WITTMAN, AND 340 SOMERSE SARASOTA, FL	T AVENUE	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	TS () WITTMAN, MAT	Delete THEW A	Title: () Name:) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: THEODORE WITTMAN PD 01/16/2007