


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90019 004 ***150.00

DOCUMENT # H96857 1. Entity Name ENGER PLUMBING, INC.					
Principal Place of Business 5151 ST ALBANS AVE SARASOTA, FL 34242			Mailing Address P. O. BOX 35132 SARASOTA, FL 34278		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address SAME			
Suite, Apt. #, etc. 5151 ST. ALBANS AVE		Suite, Apt. #, etc.			
City & State SARASOTA, FL.		City & State		4. FEI Number 59-2627000	
Zip 34242		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENGER, WALTER M. 5151 ST ALBANS AVE SARASOTA, FL 34242				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 606 LOTUS LANE City SARASOTA FL Zip Code 34242	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGER, WALTER M. 606 LOTUS LANE SARASOTA, FL 34242 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENGER, CHRISTINE H. 606 LOTUS LANE SARASOTA, FL 34242 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:

Walter M. Enger - Pres.