

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H97185

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** PORT ORANGE PLUMBING, INC.

**Current Principal Place of Business:**

1947 FOREST AVE  
PORT ORANGE, FL 32119 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 290874  
PORT ORANGE, FL 32129

**New Mailing Address:**

**FEI Number:** 59-2637402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HINELINE, LAVERNE  
1376 DEXTER DRIVE EAST  
PORT ORANGE, FL 32129 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HINELINE, HARLAN T., JR.  
Address: 1376 DEXTER DR EAST  
City-St-Zip: PORT ORANGE, FL 32129

Title: STD  
Name: HINELINE, LAVERNE  
Address: 1376 DEXTER DR EAST  
City-St-Zip: PORT ORANGE, FL 32129

I hereby 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 all other like empowered.

SIGNATURE: LAVERNE HINELINE

SEC/

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date