2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# J06363

Entity Name: CUSTOM PLUMBING, INC.

Current Principal Place of Business:

2960 SHAWNEE ROAD
WEST PALM BEACH, FL 33406

New Principal Place of Business:

1414 POINTS ROADS
WEST PALM BEACH, FL 33405

Current Mailing Address:

P.O. BOX 18822
W. PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 59-2655478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, SHERRI
3674 MOON BAY CIRCLE
WELLINGTON, FL 33414 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: HOLLABAUGH, JAMES R
Address: 133 ISLAND WAY
City-St-Zip: GREENACRES, FL 33413

Title: STD ( ) Delete
Name: HOLLABAUGH, LINDA K
Address: 133 ISLAND WAY
City-St-Zip: GREENACRES, FL 33413

Title: PD ( ) Delete
Name: WILSON, SHERRI
Address: 3674 MOON BAY CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: HOLLABAUGH, JAMES R
Address: 133 ISLAND WAY
City-St-Zip: GREENACRES, FL 33413

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

Title: PRES (X) Change ( ) Addition
Name: WILSON, SHERRI
Address: 3674 MOON BAY CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Change (X) Addition
Name: HOLLABAUGH, JAMES R JR.
Address: 4018 S.W. CHERIBON STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP ( ) Change (X) Addition
Name: LESIAK, KEVIN C
Address: 2890 SHAWNEE ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

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: SHERRI WILSON PRES 01/08/2008
Electronic Signature of Signing Officer or Director Date