

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J31796

**FILED**  
**Jul 26, 2007**  
**Secretary of State**

**Entity Name:** ALLIGATOR PLUMBING SUPPLY AND SERVICE CORPORATION

**Current Principal Place of Business:**

551 N. WASHINGTON AVE  
TITUSVILLE, FL 32796 US

**New Principal Place of Business:**

**Current Mailing Address:**

551 N. WASHINGTON AVE  
TITUSVILLE, FL 32796 US

**New Mailing Address:**

**FEI Number:** 59-2960746

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, JACKIE LEE  
2605 TOWER ST  
TITUSVILLE, FL 32796 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: PRES ( ) Delete  
Name: ALLEN, JACKIE LEE,  
Address: 2605 TOWER ST  
City-St-Zip: TITUSVILLE, FL

Title: ST ( ) Delete  
Name: TURNER, PAUL JEFFERY,  
Address: 5480 JAMES LN  
City-St-Zip: MIMS, FL 32754

Title: SEC (X) Delete  
Name: WACHTER, MADONNA  
Address: 551 NORTH WASHINGTON AVE.  
City-St-Zip: TITUSVILLE, FL 32796

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SEC (X) Change ( ) Addition  
Name: TURNER, PAUL JEFFERY,  
Address: 5480 JAMES LN  
City-St-Zip: MIMS, FL 32754

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

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: JACKIE L. ALLEN

PRES

07/26/2007

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

\_\_\_\_\_  
Date