


FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90145 020 ***150.00

DOCUMENT # J35070			
1. Entity Name ARMSTRONG PLUMBING, INC.			
Principal Place of Business 2066 NORTH FLORIDA AVENUE P.O. BOX 1239 HERNANDO FL 34442 US		Mailing Address % RICHARD O. ARMSTRONG P.O. BOX 1239 HERNANDO FL 34442 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
ARMSTRONG, RICHARD O. 2725 N. PAGE AVE. HERNANDO FL 34442			Name
			Street Address (l
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<div style="border: 1px solid black; padding: 5px;">FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</div>			
10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D ARMSTRONG, RICHARD O. 2724 N. CAROLWOOD PT. HERNANDO FL <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST D ARMSTRONG, JACQUELINE P. 2725 NORTH PAGE AVE. HERNANDO FL <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____

Daytime Phone

CR2E034 (10/02)