## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J37714

LONGWOOD, FL 32750

City-St-Zip:

Entity Name: HONEYCUTT PLUMBING, INC.

FILED Jan 04, 2008 Secretary of State

| Current Principal Place of Business:          |  |              |                     | New Principal Place of Business:            |  |  |
|---|--|--------------|---------------------|---|--|--|
| SUITE 123                                     | NETT DRIVE<br>}<br>OD, FL 32750                      | US           |                     |   |  |  |
| Current Mailing Address:                      |  |              |                     | New Mailing Address:                        |  |  |
| 545 E. ALF<br>ALTAMON                         | PINE ST<br>ITE SPRINGS,                              | FL 32701     | US                  | · ·   |  |  |
| FEI Number:                                   | : 59-2728871   | FEI Numbe    | er Applied For()    | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |              |                     | Name and Address                            | Name and Address of New Registered Agent:    |  |
| 1335 BENI<br>STE 123<br>LONGWO                | OD, FL 32750   |              | statement for the r | ourpose of changing its registere           | ed office or registered agent, or both,      |  |
|   | e of Florida.  |              |                     | ····  |  |  |
| SIGNATUR                                      |  |              |                     |   |  |  |
|   | Electron   | ic Signature | e of Registered Age | ent   | Date   |  |
| Election Car                                  | npaign Financing                                     | g Trust Fund | Contribution ( ).   |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |              |                     | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD ()<br>HONEYCUTT, J<br>1335 BENNETT<br>LONGWOOD, F | DR STE 123   |                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:                   | STD ()<br>HONEYCUTT, S<br>1335 BENNETT               |              |                     | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

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: SANDRA L. HONEYCUTT STD 01/04/2008