


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90015 044 ***150.00

DOCUMENT # J39527

1. Entity Name
STOCKWELL PLUMBING AND IRRIGATION, INC.



Principal Place of Business
**1109 DIPLOMAT DR
 # 102-J
 DEBARY, FL 32713**

Mailing Address
**& BARRY R. STOCKWELL
 2565 BARRY DR.
 DELTONA, FL 32725**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2745478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STOCKWELL, BARRY R.
 2565 BARRY DR.
 DELTONA, FL 32725**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOCKWELL, BARRY R. 2565 BARRY DR. DELTONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCKWELL, LOIS R. 2565 BARRY DR. DELTONA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lois R. Stockwell **LOIS R. STOCKWELL** **1-4-07** **386 774-9373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #