2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J49320

1. Entity Name

CITY-ST-ZIP

BROEDELL PLUMBING SUPPLY, INC.



Principal Place of Business Mailing Address PUUJJJJPA % JOHN BROEDELL % JOHN BROEDELL 1601 COMMERCE LANE SUITE 100 1601 COMMERCE LANE SUITE 100 JUPITER, FL 33458 JUPITER, FL 33458 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 07192007 CR2E034 (12/06) Chq-P City & State City & State 4. FEI Number Applied For 59-2743259 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BROEDELL, JOHN F PRES** Street Address (P.O. Box Number is Not Acceptable) 1601 COMMERCE LANE SUITE 100 JUPITER, FL 33458 City Zip Code 8. The above named entity adoptits 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 SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DAIF 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE TITLE ☐ Change ☐ Addition ☐ Delete BROEDELL, JOHN F PRES. NAME NAME STREET ADDRESS 1601 COMMERCE LANE SUITE 100 STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MEARS, JOHN M SEC. NAME 1601 COMMERCE LANE SUITE 100 STREET ADDRESS STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition FAMILO, ANNE E V.P. NAME NAME STREET ADDRESS 362 COMMERCE WAY STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 CfTY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition BROEDELL, CHERYL D NAME NAME STREET ADDRESS 1601 COMMERCE LANE SUITE 100 STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED Jul 30, 2007 8:00 am Secretary of State

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CITY-ST-ZIP 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.