


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90075 033 \*\*\*150.00

<b>DOCUMENT # J63837</b> 1. Entity Name <b>DUNEDIN PLUMBING, INC.</b>					
Principal Place of Business <b>C/O JEROME WALLACE 483 PATRICIA AVE. DUNEDIN, FL 34698 US</b>			Mailing Address <b>2815 LONG PUTT CT. PALM HARBOR, FL 34683</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>483 PATRICIA AVENUE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>DUNEDIN, FL</b>		4. FEI Number <b>59-2794788</b>	
Zip		Zip <b>34698</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>WALLACE, JEROME 2815 LONG PUTT CT. PALM HARBOR, FL 34683</b>				7. Name and Address of New Registered Agent Name <b>JEROME WALLACE</b> Street Address (P.O. Box Number is Not Acceptable) <b>483 PATRICIA AVENUE</b> City <b>DUNEDIN</b> <b>FL</b> Zip Code <b>34698</b>	
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 <u><i>Jerome Wallace</i></u> <span style="float: right;">1-7-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WALLACE, JEROME 2815 LONG PUTT CT. PALM HARBOR, FL 34683</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WALLACE, SCOTT ALLEN 5672 BRIDGETON CT PALM HARBOR, FL 34685</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WALLACE, BRYAN THOMAS 1172 OHIO AVE DUNEDIN, FL 34698</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>Jerome Wallace</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-7-08 727-734-2879 <small>Date Daytime Phone #</small>		