2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # J64264 EPLUMBING, INC.			02-19-2008 90014 005 ***150.00
Principal Place of Business 11370 FREDRICA AVENUE ENGLEWOOD, FL 34224 US		Mailing Address 11370 FREDRICA AVEN ENGLEWOOD, FL 3422		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02112008 Chg-P CR2E034 (12/06)
City & State		City & State		4. FEI Number Applied For 59-2786272 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
KROMER, GARY 7006 MAYFIELD TERRACE 11370 Fredrica Aue			Street Addre	ss (P.O. Box Number is Not Acceptable)
ENGLEWOOD, FL 34224 Englewood 34224				
u.			City	FL Zip Code
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. Lam familiar with, and accept the obligations of registered agent.				
SIGNATURE				
4.	- Signature, турево от рятивео патне от гедізтегео адег		· · · · · · · · · · · · · · · · · · ·	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campaign.00 Trust Fund Contr		\$5.00 May Be Added to Fees
10.	OFFICERS AN	O DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KROMER, GARY N. 11370 FREDRICA AVENUE ENGLEWOOD, FL 34224	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KROMER, LYNN 11370 FREDRICA AVENUE ENGLEWOOD, FL 34224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby of indicated	certify that the information supplied wi on this report or supplemental report	ith this filling does not qualify for is true and accurate and that n	r the exemptions conta ny signature shall have	ined in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR