


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90448 016 \*\*\*150.00

<b>DOCUMENT # K10591</b> 1. Entity Name <b>GRASSO PLUMBING, INC.</b>					
Principal Place of Business <b>13139 MONTOUR ST. BROOKSVILLE, FL 34613</b>			Mailing Address <b>13139 MONTOUR ST. BROOKSVILLE, FL 34613</b>		
2. Principal Place of Business <b>13393 Lelani Dr</b>		3. Mailing Address <b>13393 Lelani Dr</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Weeki Wachee, FL</b>		City & State <b>Weeki Wachee, FL</b>		4. FEI Number <b>59-2861975</b>	
Zip <b>34614</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRASSO, WILLIAM 13139 MONTOUR ST. BROOKSVILLE, FL 34613</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5935 Colony Cir</b> City <b>Weeki Wachee</b> <b>FL</b> Zip Code <b>34607</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2006 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete <b>GRASSO, WM. 5935 COLONY CIR. WEEKI WACHEE, FL 34607</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Delete <b>GRASSO, WILLIAM J 13139 MONTOUR ST. BROOKSVILLE, FL 34613</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>181 Mooresburg Springs Rd Mooresburg, TN 37811</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete <b>GRASSO, SARA M 5935 COLONY CIR. WEEKI WACHEE, FL 34607</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete <b>GRASSO, SARA A 6117 KURT ST. BROOKSVILLE, FL 34609</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	
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> <i>Sara M. Grasso</i>			Date <b>4-27-06</b> Daytime Phone # <b>352 546 3562</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					