


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # K10591 1. Entity Name GRASSO PLUMBING, INC.	
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Principal Place of Business 13393 LELANI DR BROOKSVILLE, FL 34614	Mailing Address 13393 LELANI DR BROOKSVILLE, FL 34614
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DO NOT WRITE IN THIS SPACE



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2861975	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRASSO, WILLIAM 5935 COLONY CIR SPRING HILL, FL 34607

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000853055 03/26/08-80052-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRASSO, WM. 5935 COLONY CIR. WEEKI WACHEE, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRASSO, WILLIAM J 181 MOORESBURG SPRINGS RD MOORESBURG, TN 37811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRASSO, SARA M 5935 COLONY CIR. WEEKI WACHEE, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRASSO, SARA A 6117 KURT ST. BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Sara Grasso **3/2/08** **352-5963562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #