## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K39069

Address:

1806 SW 28 AVE

City-St-Zip: OCALA, FL 34471

MILE COOTT DI LIMBING INC

FILED Jan 25, 2007 Secretary of State

Entity Name: MIKE SCOTT PLUMBING, INC.					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
10988 SW OCALA, FL		<b>:</b>			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
10988 SW OCALA, FL		1			
FEI Number:	59-2912358	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
SCOTT, PA 10988 S.W OCALA, FL	. 94TH COUR				
	named entity s of Florida.	submits this statement for the p	urpose of changing its regist	ered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () SCOTT, MICHAI 14200 W SEASI CRYSTAL RIVE	IDE CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () SCOTT, PATRIC 14200 W SEAS CRYSTAL RIVE	IDE CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () SCOTT, SHAWN 3590 N WAGON BEVERLY HILLS	I PT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () HINDE, TRACY 2939 N EDWAR HERNANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () SCOTT, JASON	Delete	Title: VP Name: SCOTT,	(X) Change()Addition JASON	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

2985 MUSTANG BLVD City-St-Zip: BEVERLY HILLS, FL 34465

SIGNATURE: PATRICIA SCOTT STD 01/25/2007