

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K92887

FILED  
Mar 14, 2008  
Secretary of State

Entity Name: CASEY HYMAN PLUMBING, INC.

**Current Principal Place of Business:**

215 FAIRPOINT DR  
GULF BREEZE, FL 32561 US

**New Principal Place of Business:**

**Current Mailing Address:**

215 FAIRPOINT DR  
GULF BREEZE, FL 32561 US

**New Mailing Address:**

FEI Number: 65-0123746      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HYMAN, CASEY  
215 W FAIR POINT DR  
GULF BREEZE, FL 32561 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HYMAN, CASEY  
Address: 2505 ABBEY ELIZABETH  
City-St-Zip: GULF BREEZE, FL 32561

Title: S ( ) Delete  
Name: HYMAN, DEBBIE  
Address: 2505 ABBEY ELIZABETH  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CASEY HYMAN

P

03/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date