

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K99194

FILED  
Feb 21, 2012  
Secretary of State

**Entity Name:** MCDONALD PLUMBING CO., INC.

**Current Principal Place of Business:**

824 JAMES LEE ROAD  
FT. WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2407  
FT. WALTON BEACH, FL 325492407 US

**New Mailing Address:**

**FEI Number:** 59-1099373      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MCDONALD, CHARLES L  
824 JAMES ROAD  
FT. WALTON BEACH, FL 32547 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

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: MCDONALD, CHARLES L  
Address: 824 JAMES LEE ROAD  
City-St-Zip: FT. WALTON BEACH, FL

Title: D  
Name: MCDONALD, C. D.  
Address: 824 JAMES LEE ROAD  
City-St-Zip: FT. WALTON BEACH, FL

Title: D  
Name: MCDONALD, J. B.  
Address: 824 JAMES LEE ROAD  
City-St-Zip: FT. WALTON BEACH, FL

Title: D  
Name: MCDONALD, JOE G  
Address: 824 JAMES LEE RD.  
City-St-Zip: FT. WALTON BEACH, FL

I hereby 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 all other like empowered.

SIGNATURE: CHARLES L MCDONALD

ST

02/21/2012

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

\_\_\_\_\_ Date