


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90174 023 ***143.75

DOCUMENT # L07000093177	
1. Entity Name GISLER PLUMBING, LLC	

Principal Place of Business 6742 GULFPORT BLVD S APT 220 ST PETERSBURG FL 33707 US	Mailing Address 6742 GULFPORT BLVD S APT 220 ST PETERSBURG FL 33707 US
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2. Principal Place of Business - No P.O. Box # 6742 Gulfport Blvd S	3. Mailing Address 6742 Gulfport Blvd S
Suite, Apt. #, etc. 220	Suite, Apt. #, etc. 220

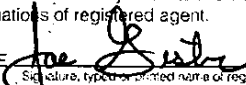
City & State St. Pete FL	City & State St. Pete FL
Zip 33707	Zip 33707
Country USA	Country USA

1st MOORE CR2E083 (10/07)

4. FEI Number 26-0888345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CONTRACTORS REPORTING SERVICE, INC. 2001 W BUSCH BLVD STE A TAMPA FL 33612	7. Name and Address of New Registered Agent Name Gisler Joe Neal Street Address (P.O. Box Number is Not Acceptable) 6742 Gulfport Blvd S #220 City St. Petersburg FL Zip Code 33707
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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.

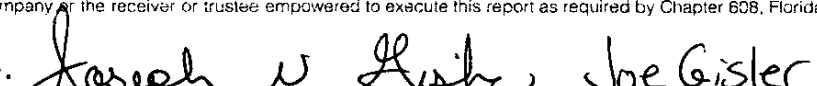
SIGNATURE  **Joe Gisler** DATE **3/5/2008**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GISLER, JOSEPH N 6742 GULFPORT BLVD S APT 220 ST. PETERSBURG FL 33707 <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
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
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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Joe Gisler** (813) 765-1263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE