2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L20537

1. Entity Name

LOUIS P. BARBERI PLUMBING, INC.

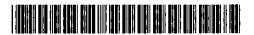


FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1022 UNDERWOOD AVE. PENSACOLA, FL 32504 1022 UNDERWOOD AVE. PENSACOLA, FL 32504



01162007

No Chg-P

CR2E034 (11/05)

4. FEi Number 59-2972723

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WINGARD, TERRI 1022 UNDERWOOD AVENUE PENSACOLA, FL 32504

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Signature, typed or printed name of registered agent and libert applicable. (NOTE: Registered Ag				Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	000000633621 02/21/07-80070-008 150.00	
10.	OFFICERS AND DIRECT	TORS			· · · · · · · · · · · · · · · · · · ·	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBERI, LOUIS P. 700 WHITNEY DR PENSACOLA, FL 32503					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LACEY, JUDITH G 1022 UNDERWOOD AVE. PENSACOLA, FL 32504					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WINGARD, TERRI 1022 UNDERWOOD AVE. PENSACOLA, FL 32504			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TOU C			I			

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 receipter 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:

NAME STREET ADDRESS CITY-ST-ZIP

NO TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Julith G. Lacoy Vico Assidat 2-8-07

<u>/85-47>-878</u>