## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #L32956

1. Entity Name

## **FILED** Feb 09, 2007 8:00 am Secretary of State 02-09-2007 90025 003 \*\*\*150.00

Age   Back   File   Back   B	RICHARD'S PLUMBING REPAIR, INC.								
Suite, Apt. e. etc.    City & State	3608 36TH ST W		3608 36TH ST W						
City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Security	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052007	Chg-P CR2E	034 (12/06)		
S. Certificate of Status Desired   Fee Required:  7. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable)  FL	City & State		City & State			=	<u> </u>	<del></del>	
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. Certificate	e of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registered	Agent		
STREET ADDRESS  THE ADDRESS (P.O. Box Number is Not Acceptable)  City FL Zip Cod=  C				Name	Name				
E. The above named entily submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida. I am familiar with and accept the obligations of registered agent.  SIGNATURE.  SIGNATURE	1101 9TH AVE Way		Street Address		ss (P.O. Box Numb	er is Not Acceptable)			
E. The above named entily submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. Term familiar with, and accept the obligations of registered agent.    Signature   Signature   Institute   Signature   Institute   Institu	DIV (DEIV)	δ.							
SIGNATURE    Signature   Signa		· ·		City		FI	Zip Code	e	
After May 1, 2007 Fee will be \$550.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.    10.									
After May 1, 2007 Fee will be \$550.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.    10.	SIGNATURE VA								
### FILE NOWITY FEE IS \$150.00 ### Add to Fige will be \$550.00 ### Trust Fund Contribution:    10.									
TITLE NAME KRAUSE, RICHARD, JR. STREET ADDRESS CITY-ST-2IP RADDRESS RADDRESS CITY-ST-2IP RADDRESS RADDRESS CITY-ST-2IP RADDRESS RADDRESS RADDRESS CITY-ST-2IP RADDRESS RADDRES	FILE NOW!!!' FEE IS \$150.00 9. Election								
NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS SIRET	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFICERS AN	ID DIRECTORS	S IN 11	
CITY-ST-ZIP  BRADENTON, FL  TITLE NAME KRAUSE, RICHARD L., SR. 3608 36TH ST. W. BRADENTON, FL  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP		•	☐ Delete				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZP BRADENTON, FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES									
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CIT			☐ Delete				Change	Addition	
CITY-SI-ZIP BRADENTON, FL CITY-SI-ZIP CITY									
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRE								}	
NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP		510152111 611, 12	☐ Delete				Change	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE			□ Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY	STREET ADDRESS			STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRES	CITY-ST-ZIP			CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE INAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TI			☐ Delete				☐ Change	☐ Addition	
CITY-S1-ZIP  TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP STREET				1					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. Thereby 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				1					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. Thereby 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	TITLE		□ Delete	TITLE		•	☐ Change	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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				l I			_ •	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  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	STREET ADDRESS			STREET ADDRESS				ļ	
NAME STREET ADDRESS CITY-ST-ZIP  12. Thereby 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	CITY-ST-ZIP			CITY-ST-ZIP		· <u></u>			
STREET ADDRESS CITY-ST-ZIP  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			☐ Delete				Change	Addition	
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  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				1 1					
12. Thereby 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									
		Legal to the information supplied with	this filing does not qualify for	the exemptions contai	ined in Chapter 11	9, Florida Statutes. I further ce	artily that the in	nformation	

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 receiver 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: X Ristard & 1 hypers 1. let 200 2-7-07 X 941- 756-3>64

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling Phone #