2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L36995

1. Entity Name
A-1 PLUMBING SUPPLY & SPECIALTIES, INC.

Principal Place of Business	Mailing Address
% STEVEN COOLEY 5152 UNIVERISTY BLVD. WEST JACKSONVILLE, FL 32216	% STEVEN COOLEY 5152 UNIVERISTY BLVD. WEST JACKSONVILLE, FL 32216

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01302007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2961189
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUSEMAN & MARQUINEZ, P.A.
3733 UNIVERSITY BLVD W
SUITE 210-B
JACKSONVILLE, FL 32217

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000617933
02/08/07-80010-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	OD
NAME	COOLEY, STEVEN W.
STREET ADDRESS	5635 NETTIE RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	STD
NAME	COOLEY, DOUGLAS
STREET ADDRESS	1620 PITCH PINE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32259
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	

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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 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: Doug Cooley 01/30/07 904-737-1473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #