


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90011 011 \*\*\*150.00

**DOCUMENT # L57695**

1. Entity Name  
**MARCHAND PLUMBING INC.**



Principal Place of Business      Mailing Address  
 10139 BROOKWOOD FOREST BLVD      10139 BROOKWOOD FOREST BLVD  
 JACKSONVILLE FL 32225      JACKSONVILLE FL 32225  
 US      US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/06)

**6. Name and Address of Current Registered Agent**

**HALL, GEORGE H**  
**4736 BLANDING BLVD**  
**JACKSONVILLE FL 32210**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
DPS	ROGERS, DONALD	627 ESTES ROAD	JACKSONVILLE FL 32208	<input checked="" type="checkbox"/>
DVT	PICKETT, BENNIE G II	10139 BROOKWOOD FOREST BLVD.	JACKSONVILLE FL 32225	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
DPS	Pickett, Bennie G II	10139 Brookwood Forest Blvd	Jacksonville, FL 32225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVT	Pickett, Suzanne M.	10139 Brookwood Forest Blvd	Jacksonville, FL 32225	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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: Bennie Pickett Bennie Pickett      4-22-07      904-885-5755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #