2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

Applied For

Not Applicable

DOCI	JMEN	IT # i	L58677

1. Entity Name

RALPH EVERT PLUMBING SERVICE, INC.



Principal Place of Business

C/O JERRY EVERT 10425 TILBURG STREET SPRING HILL, FL 34608 Mailing Address

C/O JERRY EVERT 10425 TILBURG STREET SPRING HILL, FL 34608



DO NOT WRITE IN THIS SPACE

02102007 No Chg-P CR2E034 (11/05)

FEi Number
 59-2998341

6. Name and Address of Current Registered Agent

EVERT, JERRY 10425 TILBURG STREET SPRING HILL, FL 34608

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	d office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little	f goodingship (NOTE Recurrence)	Agent eignstur	e required when reinstating)	DATE	
	Signature, typed or printed name of registered agent and time	r applicacie (NOTE, negistered	Apent signatur	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000755180 05/22/07-80092-005 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST EVERT, JERRY 10425 TILBURG STREET SPRING HILL, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-7/P						

12. Thereby certify that the information supplied with this filling 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 affect as if made under oath; that I am an officer or director of the corporation or the receiver or runtee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block for Block 11 if changed, or on an attachment with an Address, with all other ligits empowered:

SIGNATURE:

THE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 683-333