


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90166 031 \*\*\*150.00

<b>DOCUMENT # L64919</b>	
1. Entity Name CLARENCE ROGERS PLUMBING, INC.	

Principal Place of Business 13285 CENTER AVENUE LARGO, FL 34643	Mailing Address 13285 CENTER AVENUE LARGO, FL 34643
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40079930



2. Principal Place of Business - No P.O. Box # 13285 Center Avenue	3. Mailing Address 13285 Center Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01242007 Chg-P CR2E034 (12/06)

City & State LARGO FL	City & State LARGO FL
Zip 33773	Zip 33773
Country	Country

4. FEI Number 59-3002901	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROGERS, CLARENCE 13285 CENTER AVENUE LARGO, FL 34643	
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7. Name and Address of New Registered Agent	
Name CLARENCE ROGERS	
Street Address (P.O. Box Number is Not Acceptable) 13285 Center Avenue	
City LARGO	FL Zip Code 33773

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: CLARENCE ROGERS CLARENCE ROGERS 4-20-07  
Signature, typed or printed name of registered agent or officer, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, CLARENCE 13285 CENTER AVENUE LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: CLARENCE ROGERS Pres 4-20-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Dated: Phone #