

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90066 012 ***150.00

DOCUMENT # L68076 1. Entity Name COARSEY PLUMBING, INC.					
Principal Place of Business % CAROL B COARSEY 2127 49TH ST. EAST PALMETTO, FL 34221			Mailing Address % CAROL B COARSEY 2127 49TH ST. EAST PALMETTO, FL 34221		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 			
4. FEI Number 65-0196367		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COARSEY, CAROL A 2127 49TH ST. EAST PALMETTO, FL 34221			7. Name and Address of New Registered Agent Name COARSEY, CAROL B. Street Address (P.O. Box Number is Not Acceptable) 2127 49TH STREET EAST City PALMETTO FL Zip Code 34221		
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 none applicable (NOTE: Registered Agent Signature is required when changing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D COARSEY, CAROL B 2127 49TH ST EAST PALMETTO, FL 34221 ☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D COARSEY, DONALD R 2127 49TH ST EAST PALMETTO, FL 34221 ☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ 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: <u>Carol B Coarsey</u> <u>2-20-08</u> <u>941-721-7676</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					