

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L85102

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: MICHAEL A. WARD PLUMBING, INC.

**Current Principal Place of Business:**

350 TALL PINES RD  
SUITE J  
W. PALM BEACH, FL 33413 US

**New Principal Place of Business:**

**Current Mailing Address:**

12064 62ND LANE NORTH  
WEST PALM BEACH, FL 33412 US

**New Mailing Address:**

FEI Number: 65-0206771

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WARD, MICHAEL A  
12064 62ND LANE, NORTH  
W. PALM BEACH, FL 33412 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WARD, MICHAEL A.  
Address: 12064 62 LANE N  
City-St-Zip: W PALM BEACH, FL 33412

Title: D ( ) Delete  
Name: WARD, JUDITH  
Address: 12064 62 LANE N  
City-St-Zip: W PALM BEACH, FL 33412

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. WARD

VP

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date