2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M73240

1. Entity Name

EGGETT PLUMBING AND MARINE, INC.



FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

% ROBERT K. MILLER 2975 OVERSEAS HIGHWAY MARATHON, FL 33050 Mailing Address

% ROBERT K. MILLER 2975 OVERSEAS HIGHWAY MARATHON, FL 33050



01082008 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0043042 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, ROBERT K. 2975 OVERSEAS HIGHWAY MARTHON, FL 33050					NOT W	VRITE PACE	
the obligat	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 Signature. typed or printed name of registered agent and title if applicable (NOTE Registered Agent alignature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EGGETT, BRUCE F 52 CHAMBERS ST BIG PINE KEY, FL 33043	CTORS			1.04.00.00 80\20\40.04	0e5965d. 0e5965d. -80032-005	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DVP EGGETT, BRUCE F. 52 CHAMBERS ST BIG PINE KEY, FL 33043						
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TITLE NAME - '							

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATUME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-08

Daytime Phone #