## 2007 FOR PROFIT CORPORATION ANNUAL REPORT .

## **DOCUMENT # M73812**

1. Entity Name

PLUMBERSMITH & ASSOCIATES, INC.



FILED Mar 30, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

243 NW HOLLYWOOD BLVD.

243 NW HOLLYWOOD BLVD.

SUITE C

SUITE C

FT. WALTON BEACH, FL 32548-3858 FT. WALTON BEACH, FL 32548-3858



03272007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2898134 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

JOHNSON, JULIAN D. 243 NW HOLLYWOOD BLVD. FT. WALTON BEACH, FL 32548

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bol	th, in the State of Florida. I am lamitiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and hitle if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees			
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, ELIZABETH M. 243 NW HOLLYWOOD BLVD FT WALTON BEACH, FL				
TITLE NAME STREET ADDRESS CITY-S1-ZIP	P JOHNSON, JULIAN D. 243 NW HOLLYWOOD BLVD. FT. WALTON BEACH, FL				U00000683144 04/05/07-80033-008 150.0
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 file and accepte 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 apprecs with all primer like empowered.					

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

ED OR P