

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2008 08:00 AM  
Secretary of State

DOCUMENT # M75731

1. Entity Name  
MASTER PLUMBING BY RICHARD, INC.



Principal Place of Business  
15864 BROTHERS CT.  
FORT MYERS, FL 33912

Mailing Address  
15864 BROTHERS CT.  
FORT MYERS, FL 33912



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

|                                  |  |
|----------------------------------|--|
| 4. FEI Number<br>59-2906069      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FAGIANO, DARLENE G.  
15864 BROTHERS CT.  
FORT MYERS, FL 33912

DO NOT WRITE  
IN THIS SPACE

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 signature required when reinstating)

DATE

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

|                |                      |
|----------------|----------------------|
| TITLE          | PD                   |
| NAME           | FAGIANO, RICHARD C.  |
| STREET ADDRESS | 15864 BROTHERS CT    |
| CITY-ST-ZIP    | FORT MYERS, FL 33912 |

|                |                      |
|----------------|----------------------|
| TITLE          | DVTS                 |
| NAME           | FAGIANO, DARLENE G.  |
| STREET ADDRESS | 15864 BROTHERS CT.   |
| CITY-ST-ZIP    | FORT MYERS, FL 33912 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| 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 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. Darlene G. Fagiano - DARLENE G. FAGIANO - 1-30-08 239-484-2010

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03/06/08-80046-012 158.75

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