

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000024291</b>	
1. Entity Name <b>RANDALL D. PADGETT PLUMBING, INC.</b>	
Principal Place of Business <b>2547 EAST 6TH ST. PANAMA CITY, FL 32401</b>	Mailing Address <b>2547 EAST 6TH ST. PANAMA CITY, FL 32401</b>



04302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3624642</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BRAHIER, PATTI L 2547 EAST 6TH ST. PANAMA CITY, FL 32401</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PADGETT, RANDALL D 2531 E 6TH ST. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRAHIER, PATTI L 2457 E. 6TH ST. PANAMA CITY, FL 32401
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UD00000939297  
05/28/08-80022-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Patti Brahier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/08*  
Date

*850-784-9200*  
Daytime Phone #