

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000084588

Entity Name: PLUMB-PAL, INC.

FILED  
May 01, 2011  
Secretary of State

**Current Principal Place of Business:**

1728 SABLE PALM LANE  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

1728 SABLE PALM LANE  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 59-3669885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARPENTER, MICHAEL  
1728 SABLE PALM LANE  
JACKSONVILLE BEACH, FL 32250 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

**OFFICERS AND DIRECTORS:**

Title: PV  
Name: CARPENTER, MICHAEL J  
Address: 1728 SABLE PALM LANE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP  
Name: CARPENTER, STEPHANIE L  
Address: 1728 SABLE PALM LANE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SEC  
Name: CARPENTER, STEPHANIE L  
Address: 1728 SABLE PALM LANE  
City-St-Zip: JACKSONVILLE, FL 32250

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE CARPENTER

VP

05/01/2011

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

\_\_\_\_\_  
Date