2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000095657

1. Entity Name
BLUEWATER PLUMBING OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
5320 PAUL BROWN ROAD LAKELAND FL 33810	5320 PAUL BROWN ROAD LAKELAND FL 33810

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3678206 ☐ Applied For ☐ Not Applicab[le]

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAULAC, ROBERT P
5320 PAUL BROWN ROAD
LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 accep[t] 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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May B[e] Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1[0]	
TITLE NAME STREET ADDRESS CITY ST ZIP	D BAULAC, ROBERT P 5320 PAUL BROWN ROAD LAKELAND FL 33810	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addi[tion] U00000607968 01/31/07-80059-001. 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	VP BAULAC, TIMOTHY 5320 PAUL BROWN ROAD LAKELAND FL 33810	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addi[tion]
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direc[tor] 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 1[1] if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Robert P. Baulac 1-25-07 863-859-0693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #