## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 07, 2007 8:00 am DOCUMENT # P01000052283 **Secretary of State** 02-07-2007 90044 048 \*\*\*150.00 BEACH PLUMBING & METERING INC. Principal Place of Business Mailing Address 1202 KENTUCKY AVENUE FT PIERCE FL 34950 1202 KENTUCKY AVENUE FT PIERCE FL 34950 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-1107186 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEACH, LARRY B 1202 KENTUCKY AVENUE Street Address (P.O. Box Number is Not Acceptable) FT PIERCE FL 34950 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 accept the obligations of registered agent Same) *-30-07* SIGNATURE OTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIIŒ Deleie ШŒ ☐ Change Addition BEACH, LARRY B NAME NAME 1202 KENTUCKY AVENUE STREET ADDRESS STREET ADDRESS FT PIERCE FL 34950 CITY-ST-ZIP CITY-SI-ZIP Dustin B BZACH TITLE ☐ Delete HILE Addition BEACH, DUSTIN B NAME 32B PAWN CIECLE 10130 CEDAR LAKE DRIVE STREET ADDRESS STREET ADDRESS LONGVIEW, TX 75604 AUBREY TX 76227 CITY ST-ZIP CITY ST. ZIP HITLE ☐ Detete HHE Addition JENNIFER S. OROZCO BEACH, JENNIFER NAME NAME 705 MADES AVE., APT 705 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP FT. PIERCE FL 34947 CITY-S1-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HADDOCK, BETSY S NAME NAME 1202 KENTUCKY AVE. STREET ADORESS STREET ADDRESS FORT PIERCE FL 34950 CATY-S1-ZIP CITY-SI-7IP Delete TITLE ☐ Change ☐ Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THIE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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.

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