

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90034 042 \*\*\*150.00

**DOCUMENT # P01000054183**

1. Entity Name  
**BOB TSACRIOS PLUMBING, INC.**



Principal Place of Business  
**4079 S OHIO AVE  
HOMOSASSA, FL 34448**

Mailing Address  
**4079 S OHIO AVE  
HOMOSASSA, FL 34448**



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3720483</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable
<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**TSACRIOS, ROBERT  
4079 S. OHIO AVE  
HOMOSASSA, FL 34446**

**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	DPS
NAME	TSACRIOS, ROBERT
STREET ADDRESS	4079 S OHIO AVE
CITY-ST-ZIP	HOMOSASSA, FL 34448

TITLE	DVT
NAME	TSACRIOS, SUSAN
STREET ADDRESS	4079 S OHIO AVE
CITY-ST-ZIP	HOMOSASSA, FL 34448

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Susan Tsacrios* 1/2/2008 352-621-7705