


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90141 032 ***150.00

DOCUMENT # P01000058657		
1. Entity Name PAUL FITZPATRICK PLUMBING INC.		

Principal Place of Business 902 EGRET AVENUE FORT PIERCE, FL 34982	Mailing Address 902 EGRET AVENUE FORT PIERCE, FL 34982
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2. Principal Place of Business - No P.O. Box # 1712 A Gulfstream Ave	3. Mailing Address PO Box 13705
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Fort Pierce, FL	City & State Fort Pierce, FL
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Zip 34949	Country US	Zip 34979	Country US
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40051019



03292007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1119456	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FITZPATRICK, PAUL W 902 EGRET AVENUE FORT PIERCE, FL 34982		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1712 A Gulfstream Ave City Fort Pierce FL Zip Code 34949	
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZPATRICK, PAUL W 902 EGRET AVENUE FORT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1712 A Gulfstream Ave Fort Pierce, FL 34949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Paul Fitzpatrick Paul Fitzpatrick 4-2-07 772 489 0668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #