2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2008 08:00 A Secretary of State

	ANNOALI	REPURI		7	S	ecretary of S
1, Entity Nan	MENT # P010000886 PLUMBING, INC.	90 .			50	cretary of S
8 TIMBERWO		Mailing Address 8 TIMBERWOOD CT. APALACHICOLA, FL 32320				
DO NOT WRITE IN THIS SPACE				01072008	No Chg-P C	CR2E034 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 59-374474	14	Applied For Not Applicable
				5. Certificate of St		\$8.75 Additional
	6. Name and Address of Current Reg	Jistered Agent]			Fee Required
KING, PEGGY B 8 TIMBERWOOD COURT APALACHICOLA, FL 32320			DO NOT WRITE IN THIS SPACE			
8. The above the obligat	e named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or register	red agent, or both, in	the State of Florida.	I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and to	tle if applicable (NOTE Registere	id Agent signature required	when reinstating)		DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	· +0.	00 May Be ed to Fees		
10.	OFFICERS AND DIR	ECTORS			-	
TITLE NAME	D KING, HARVEY F					
STREET ADDRESS	8 TIMBERWOOD CT.					
CITY-ST-ZIP	APALACHICOLA, FL 32320		-			
NAME				0	- 000000077 1 /00 /00=00	7231 054-023 150.00
STREET ADDRESS CITY-ST-ZIP		•		U	17 03/ 00700	IJ34~U23 [5U.UU
TITLE			1			

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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 appears, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CHY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08 (850)653-9095