

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000121871

Entity Name: J. CODY PLUMBING, INC.

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

356 NORTHEAST 191ST STRET  
N. MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9165  
FT. LAUDERDALE, FL 33310

**New Mailing Address:**

FEI Number: 26-0029540

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CODY, GERALD S  
356 NORTHEAST 191ST STRET  
N. MIAMI BEACH, FL 33179 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CODY, GERALD  
Address: 356 NE 191 ST  
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: TS ( ) Delete  
Name: CODY, JOEUE  
Address: 356 NE 191 ST  
City-St-Zip: N. MIAMI BEACH, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD CODY

P

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date