


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 25, 2007 08:00 AM  
Secretary of State

DOCUMENT # P02000031031					
1. Entity Name J&J PLUMBING OF FLORIDA INC.					
Principal Place of Business 13200 CROWELL ROAD BROOKSVILLE FL 33613			Mailing Address 13200 CROWELL ROAD BROOKSVILLE FL 33613		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0421960	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SIVYER, NEAL A ESQ. 100 SOUTH ASHLEY DRIVE, SUITE 2150 TAMPA FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City FL 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstated) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY ST ZIP	VS LABRIE, JOHN M 13200 CROWELL ROAD BROOKSVILLE FL 33613 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	PT LABRIE, MARSHA K 13200 CROWELL ROAD BROOKSVILLE FL 33613 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input type="checkbox"/> Change <input type="checkbox"/> Addition UN00000603672 01/29/07-80023-001 150.00					
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 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: <i>Marsha K Labrie President</i>				1/22/07 352 596 9797	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

