

FILED
Apr 09, 2008 08:00 AM
Secretary of State

1. Entity Name
ASHMEAD PLUMBING, INC.



Mailing Address
P.O. BOX 5305
LAKE LAND, FL 33807

DO NOT WRITE IN THIS SPACE



4. FEI Number 03-0420241	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

ASHMEAD, MICHAEL P
5064 HAYES RD
LAKELAND, FL 33811

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating.

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

TITLE	P
NAME	ASHMEAD, MICHAEL P
STREET ADDRESS	5064 HAYES ROAD
CITY-ST-ZIP	LAKELAND, FL 33811

TITLE
NAME
STREET ADDRESS
CITY-ST-/ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-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 # _____