

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000032768

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: GORDON HEAL PLUMBING, INC.

**Current Principal Place of Business:**

1540 WISCONSIN AVENUE  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

1540 WISCONSIN AVENUE  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

FEI Number: 02-0582476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GORDON R. HEAL  
1540 WISCONSIN AVE.  
PALM HARBOR, FL 34683 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HEAL, GORDON R  
Address: 1540 WISCONSIN AVENUE  
City-St-Zip: PALM HARBOR, FL 34683

Title: STD  
Name: HEAL, JOSEPHINE  
Address: 1540 WISCONSIN AVENUE  
City-St-Zip: PALM HARBOR, FL 34683

Title: VP  
Name: HEAL, GORDON J  
Address: 29775 69TH WAY NORTH  
City-St-Zip: CLEARWATER, FL 33761

I hereby 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 all other like empowered.

SIGNATURE: GORDON R. HEAL

PRES

04/30/2012

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

\_\_\_\_\_  
Date