

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091464

Entity Name: FLORIDA PLUMBING & GAS, INC.

FILED  
Jul 23, 2007  
Secretary of State

**Current Principal Place of Business:**

2077 ORTEGA STREET  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

2077 ORTEGA STREET  
NAVARRE, FL 32566

**New Mailing Address:**

FEI Number: 47-0889736      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HICKMAN, JAMES A  
220 GOVERNMENT STERRT STE 1  
NICEVILLE, FL 32578 US

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

HICKMAN, JAMES A  
220 GOVERNMENT STREET STE 1  
NICEVILLE, FL 32578 US

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:

07/23/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DAVIS, GAYLAND M  
Address: 2077 ORTEGA STREET  
City-St-Zip: NAVARRE, FL 32566

Title: S ( ) Delete  
Name: DAVIS, SARA L  
Address: 2077 ORTEGA STREET  
City-St-Zip: NAVARRE, FL 32566

Title: VP ( ) Delete  
Name: DAVIS, KENNETH A  
Address: 25 KELLY AVENUE  
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: DAVIS, LEWIS  
Address: 2077 ORTEGA ST  
City-St-Zip: NAVARRE, FL 32566

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

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

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

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: SARA DAVIS

SECY

07/23/2007

Electronic Signature of Signing Officer or Director

Date