


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

06-20-2008 90002 018 \*\*\*150.00  
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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000102447			
1. Entity Name GOLDEN PLUMBING, INC.			
Principal Place of Business 2071 SAGEBRUSH CIRCLE NAPLES, FL 34120		Mailing Address 2071 SAGEBRUSH CIRCLE NAPLES, FL 34120	
2. Principal Place of Business - No P.O. Box # 2071 SAGEBRUSH CIRCLE Suite, Apt. #, etc.		3. Mailing Address 2071 SAGEBRUSH CIRCLE Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34120		Country US	
4. FEI Number 01-0745377		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKETT, TIMOTHY F OWNER 251 LOON LANE NAPLES, FL 34114		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: <u>Timothy Burkett</u> DATE: <u>6-16-08</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when remaining)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE PD NAME BURKETT, TIMOTHY STREET ADDRESS 251 LOON LANE CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Delete	TITLE ZOOK, MICHAEL NAME 147 BRISTOLL NO STREET ADDRESS NAPLES, FL 34112 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (no longer w/ Golden Plumbing)
TITLE STD NAME BURKETT, RAMONA STREET ADDRESS 251 LOON LANE CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME ZOOK, MICHAEL STREET ADDRESS 147 BRISTOLL NO CITY-ST-ZIP NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empower.			
SIGNATURE: <u>Timothy Burkett</u>		Date: <u>6-16-08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	