

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113712

FILED
Apr 22, 2008
Secretary of State

Entity Name: TROPICAL PLUMBING AND SEPTIC, INC.

Current Principal Place of Business:

19468 E COLONIAL DR
ORLANDO, FL 32820

New Principal Place of Business:

Current Mailing Address:

19468 E COLONIAL DR
ORLANDO, FL 32820

New Mailing Address:

FEI Number: 13-4228883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVEY, CATHERINE E
STE 200, 151 LOOKOUT PLACE
MAITLAND, FL 32751 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DENELSBECK, LYNDON G
Address: 148 LEONA RD
City-St-Zip: ORLANDO, FL 32828

Title: VD () Delete
Name: DENELSBECK, LEANDRO L
Address: 20191 ORTEGA STREET
City-St-Zip: ORLANDO, FL 32833

Title: TD () Delete
Name: DENELSBECK, WILMA L
Address: 148 LEONA RD
City-St-Zip: ORLANDO, FL 32828

Title: SD () Delete
Name: CLAYTON, VICKIE L
Address: 103 LEONA RD
City-St-Zip: ORLANDO, FL 32828

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: LYNDON DENELSBECK

PD

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date