## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 04, 2008 08:00 AN Secretary of State **DOCUMENT # P02000116916** BULLSEYE PLUMBING & IRRIGATION, INC. Principal Place of Business Mailing Address 606 GUY RD 606 GUY RD ORLANDO, FL 32828 ORLANDO, FL 32828 01062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1857458 Not Applicable \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FREEMAN, CHARLES D 606 GUY RD ORLANDO, FL 32828 IN THIS SPACE 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\_ (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 35.00 Máy Be 9. Election Campaign Financing -FILE NOW!!! FEE IS \$150.00 Added to Fees After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. ng ng mga ng Ng mga ng mg 10 OFFICERS AND DIRECTORS TITLE FREEMAN, CHARLES D NAME STREET ADDRESS 606 GUY RD 1000000814313 02/13/08-80039-011 150.00 CITY-ST-ZIP ORLANDO, FL 32828 TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**