

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000132154

1. Entity Name
ADAM'S PLUMBING, INC.



Principal Place of Business
4146 GRAND BLVD
NEW PORT RICHEY, FL 34652

Mailing Address
9848 LOPEZ DRIVE
NEW PORT RICHEY, FL 34655

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032008

Chg-P

CR2E034 (12/06)

4. FEI Number
56-2308082

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIGNATARO, ADAM J JR
4146 GRAND BLVD
NEW PORT RICHEY, FL 34652

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PIGNATARO, JR, ADAM J ☐ Delete
STREET ADDRESS 9848 LOPEZ DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500128778385
CITY-ST-ZIP 05/07/08--01042--004 **61.25

TITLE ST
NAME PIGNATARO, DONNA ☒ Delete
STREET ADDRESS 9848 LOPEZ DR.
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: X

Adam J Pignataro Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08 727-848-1917

Date Daytime Phone #