2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02842

1. Entity Name
PLUMBING SYSTEMS, INC.

Principal Place of Business	Mailing Address
88 NO HOLIDAY RD SUITE A DESTIN, FL 32550 US	88 NO HOLIDAY RD SUITE A DESTIN, FL 32550 US

DO NOT WRITE IN THIS SPACE

03142007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
63-0779579	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

D. BRYANT MARTIN
662 HIGHWAY 98 E #940
DESTIN, FL 32541

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTIN, DAVID BRYANT
STREET ADDRESS	662 HIGHWAY 98 E. #940
CITY-ST-ZIP	DESTIN, FL 32541

TITLE	STD
NAME	MARTIN, CHRISTINA J.
STREET ADDRESS	662 HIGHWAY 98 E. #940
CITY-ST-ZIP	DESTIN, FL 32541

TITLE	
NAME	
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04/11/07-80072-011 150.00

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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: _____   4-2-07   850 654-3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #