

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002616

FILED  
Mar 08, 2008  
Secretary of State

Entity Name: EXECUTIVE PLUMBING CONTRACTORS, INC.

**Current Principal Place of Business:**

1036 JOHNSON ST.  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

1036 JOHNSON ST.  
HOLLYWOOD, FL 33019

**New Mailing Address:**

FEI Number: 14-1868617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMIC, JELICA  
1036 JOHNSON ST.  
HOLLYWOOD, FL 33019 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: DP ( ) Delete  
Name: SIMIC, JELICA  
Address: 1036 JOHNSON ST.  
City-St-Zip: HOLLYWOOD, FL 33019

Title: S ( ) Delete  
Name: SIMIC, MIKE  
Address: 1036 JOHNSIN STREET  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JELICA SIMIC

PRES

03/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date