


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000026810
 1. Entity Name
FLAGLER PLUMBING, INC.



Principal Place of Business 170 OLD MOODY BLVD. BUNNELL, FL 32110	Mailing Address 170 OLD MOODY BLVD. BUNNELL, FL 32110
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1656298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MILLER, DAVID L
 170 OLD MOODY BLVD.
 BUNNELL, FL 32110

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD MILLER, DAVID L 170 OLD MOODY BLVD. BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROOKS, DANA M 1800 OLD MOODY BLVD BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, HEATHER D 170 OLD MOODY BLVD BUNNELL, FL 32110
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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: David Miller DAVID MILLER 1/21/07 3869316305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #