## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000026810

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BUNNELL, FL 32110

PEPPER, ADAM W

170 OLD MOODY BLVD

PALM COAST, FL 32164

() Delete

Entity Name: FLAGLER PLUMBING, INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
170 OLD MOODY BLVD. BUNNELL, FL 32110				170 OLD MOODY BLVD. PALM COAST, FL 32164			
Current Mailing Address:				New Mailing Address:			
170 OLD MOODY BLVD. BUNNELL, FL 32110				170 OLD MOODY BLVD. PALM COAST, FL 32164			
FEI Number: 16-1656298 FEI Number Applied For ( ) FEI Number			FEI Numb	nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MILLER, DAVID L 170 OLD MOODY BLVD. BUNNELL, FL 32110 US				MILLER, DAVID L 170 OLD MOODY BLVD. PALM COAST, FL 32164 US			
The above in the State		ubmits this statement for the pu	irpose of o	changing it	s registered	I office or registered agent, or both,	
SIGNATURE:				01/16/2009			
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PSTD () MILLER, DAVID 170 OLD MOOD BUNNELL, FL 3	Y BLVD.	۸ <u>م</u>	Fitle: Name: Address: City-St-Zip:	PSTD MILLER, DAV 170 OLD MC PALM COAS	ODY BLVD.	
Title: Name: Address: City-St-Zip:	T () BROOKS, DANA 1800 OLD MOO BUNNELL, FL 3	DY BLVD	۸ م	Fitle: Name: Address: City-St-Zip:	T BROOKS, DA 170 OLD MO PALM COAS	ODY BLVD.	
Title: Name:	S () MILLER, HEATH		N	Fitle: Name: Address:	S MILLER, HEA		

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PALM COAST, FL 32164

() Change () Addition

SIGNATURE: DAVID MILLER PRES 01/16/2009