

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000041075

1. Entity Name

SOUTHFLOW PLUMBING, INC.



FILED

Feb 04, 2008 08:00 AM
Secretary of State



Principal Place of Business	Mailing Address
1514 SUMMER AVENUE TEQUESTA FL 33469	1514 SUMMER AVENUE TEQUESTA FL 33469

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VOIROL, JOHN O 1514 SUMMER AVENUE TEQUESTA FL 33469		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

John Voirol

(NOTE: Registered Agent signature required when reimbursing)

2-08-08

DATE

FILE NOW!!! FEE IS \$150.00	After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State	

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME	VOIROL, JOHN O		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1514 SUMMER AVENUE		02/13/08-80029-011 150.00
CITY-ST-ZIP	TEQUESTA FL 33469		
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
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NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John Voirol* JOHN VOIROL OWNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-08 575-0445 (S61)

Daytime Phone #