


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90017 015 ***150.00

DOCUMENT # P03000080978

1. Entity Name
ED BALL PLUMBING INC.



Principal Place of Business Mailing Address

**408 PENSACOLA DR
LANTANA FL 33462** **408 PENSACOLA DR
LANTANA FL 33462**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

408 PENSACOLA DRIVE **PENSACOLA DRIVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

408

2nd MOORE CR2E034 (4/07)

City & State City & State

LANTANA FLA **LANTANA FLA**

Zip Country Zip Country

33462 **Palm Beach** **33462** **Palm Beach**

4. FEI Number Applied For

01-0792498 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BALL, EDWARD T
408 PENACOLA DRIVE
LATANA FL 33462**

7. Name and Address of New Registered Agent

Name **SAME Edward T Ball**

Street Address (P.O. Box Number is Not Acceptable)

408 PENSACOLA DRIVE

City State Zip Code

LANTANA **FL** **33462**

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]** **[Signature]** **7 16 07**

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

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BALL, EDWARD SR	
STREET ADDRESS	408 PENSACOLA DR	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an officer like empowered.

SIGNATURE: **[Signature]** **7 16 07** **561 8186930**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #