


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90017 035 ***150.00

DOCUMENT # P03000080978

1. Entity Name
ED BALL PLUMBING INC.



Principal Place of Business Mailing Address
408 PENSACOLA DR **408 PENSACOLA DR**
LANTANA FL 33462 **LANTANA FL 33462**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
408 Pensacola DR **408 Pensacola DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State
LANTANA FLA **LANTANA FLA**

4. FEI Number Applied For
01-0792498 Not Applicable

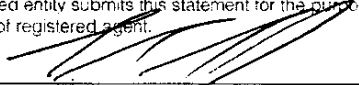
Zip Country Zip Country
33462 **FLA** **33462** **FLA**

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: **EDWARD T BALL**
 Street Address (P.O. Box Number is Not Acceptable):
408 PENACOLA DR,
 City: **LANTANA** FL Zip Code: **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:  DATE: **2 4 08**

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

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 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	TREASURE	<input type="checkbox"/> Delete
NAME	KATHYON BALL	
STREET ADDRESS	408 PENSACOLA DR	
CITY-ST-ZIP	LANTANA FLA 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREASURE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHYON BALL	
STREET ADDRESS	408 PENSACOLA DR	
CITY-ST-ZIP	LANTANA FLA 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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:  DATE: **2 4 08**

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