

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000084356

1. Entity Name
PLUMB STRUCTURES INC



Principal Place of Business

**6834 HARBOR DRIVE
HUDSON, FL 34667**

Mailing Address

**6834 HARBOR DRIVE
HUDSON, FL 34667**



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0122589

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FREES, TIMOTHY F
10197 FRIERSON LAKE DRIVE
HUDSON, FL 34669**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	PT FREES, TIMOTHY J 6834 HARBOR DRIVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FREES, TIMOTHY F 10197 FRIERSON LAKE DRIVE HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NIBLOCK, WILLIAM J 6834 HARBOR DRIVE HUDSON, FL 34667
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000713860
04/26/07-80106-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 727-226-4121
Date Daytime Phone #