

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099595

FILED
Apr 30, 2009
Secretary of State

Entity Name: TRI-COUNTY PLUMBING OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

861 GREENWOOD AVENUE
ORANGE CITY, FL 32763

New Principal Place of Business:

3788 COLMART STREET
DELTONA, FL 32738

Current Mailing Address:

861 GREENWOOD AVENUE
ORANGE CITY, FL 32763

New Mailing Address:

3788 COLMART STREET
DELTONA, FL 32738

FEI Number: 57-1186160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICLEY, MICHAEL
861 GREENWOOD AVENUE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

NICLEY, MICHAEL J
3788 COLMART STREET
DELTONA, FL 32738 US

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.

SIGNATURE: KAREN J NICLEY

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: NICLEY, MICHAEL J PSD
Address: 861 GREENWOOD AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: VTD () Delete
Name: NICLEY, KAREN J VTD
Address: 861 GREENWOOD AVENUE
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: NICLEY, MICHAEL J PSD
Address: 3788 COLMART STREET
City-St-Zip: DELTONA, FL 32738

Title: VTD (X) Change () Addition
Name: NICLEY, KAREN J VTD
Address: 3788 COLMART STREET
City-St-Zip: DELTONA, FL 32738

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.

SIGNATURE: KAREN J NICLEY

VTD

04/30/2009

Electronic Signature of Signing Officer or Director

Date