## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000100454

1. Entity Name B/S PLUMBING INC.



Principal Place of Business

36335 GRAY'S AIRPORT RD FRUITLAND PARK, FL 34731

Mailing Address

36335 GRAY'S AIRPORT RD FRUITLAND PARK, FL 34731

## FILED Mar 12, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

| 02202007 110 Clig 1              | 0.12200 . (, 00) |                   |  |  |
|----------------------------------|------------------|-------------------|--|--|
| 4. FEI Number                    |                  | Applied For       |  |  |
| 20-0859190                       |                  | Not Applicable    |  |  |
| 5. Certificate of Status Desired | П                | \$8.75 Additional |  |  |

CB2E024 (11/05)

Fee Required

1352-326-3991

6. Name and Address of Current Registered Agent

SPOLARICH, ROBERT 36335 S GRAY'S AIRPORT RD FRUITLAND PARK, FL 34731

## DO NOT WRITE IN THIS SPACE

|   | named entity submits this statement for the pions of registered agent.  | urpose of changing its r   | registered office or re   | egistered agent, or bot  | h, in the State of Florida. I am familiar with, and  | accept                         |
|---|---|--|---|--|--|--------------------------------|
| SIGNATURE_  | Signature, typed or printed name of registered agent and little   | applicable (NOTE.  | . Registered Agent signature  | required when reinstating)   | DATE   |                                |
|   | E NOW!!! FEE IS \$150.00<br>ny 1, 2007 Fee will be \$550.00   | 9. Election Campaig<br>Trust Fund Contri   |   | \$5.00 May Be<br>Added to Fees   |  |                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT P SPOLARICH, ROBERT 36335 S GRAY'S AIRPORT RD FRUITLAND PARK, FL 34731 SD DANIELS, JOANNE 36335 S GRAY'S AIRPORT RD FRUITLAND PARK, FL 34731                                    | TORS   |   |  | U00000662067<br>03/20/07-80068-004 1   | 50.00                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS             | FRUITLAND PARK, FL 34/31  |  |   |  | NOT WRITE<br>THIS SPACE  |                                |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                       |   | .,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |  |  |                                |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP                                       |   |  |   |  |  |                                |
| 12. I hereby of indicated of the corchanged,                                | ertify that the information supplied with this li<br>on this report or supplemental Aport is true a<br>poration or the receiver or Mustee empowere<br>or on an attachment with an addless, with all | ing does not qualify for<br>no accurate and that my<br>to execute this report a<br>other like empowered. | the exemptions con<br>y signature shall hav<br>as required by Chapt | ntained in Chapter 119<br>re the same legal effec<br>er 607, Florida Statute | Florida Statutes 1 further certify that the inform<br>t as if made under oath; that I am an officer or d<br>s; and that my name appears in Block 10 or Blo | nation<br>firector<br>ck 11 if |

OFFICER OR DIRECTOR