


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000120226	
1. Entity Name W C MERCER PLUMBING, INC	

Principal Place of Business 1110 NE 16TH AVE OCALA, FL 34470	Mailing Address 1110 NE 16TH AVE OCALA, FL 34470
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DO NOT WRITE IN THIS SPACE

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07052008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0332303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERCER, CARLANNA J
1110 NE 16TH AVE
OCALA, FL 34470

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/ MERCER, WILLIAM C 1110 NE 16TH AVE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S MERCER, CARLANNA J 1110 NE 16TH AVE OCALA, FL 34470
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U00000953685
07/09/08-80001-027 150.00

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: William Mercer 7-6-08 352-843-1812

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