


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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|--|---|---------|--|---|--|--|--|
| DOCUMENT # P03000131117 1. Entity Name CALHOUN PLUMBING, INC. | | | |  | | FILED 07 JUL 25 PM 3:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 5602 NORTH LINCOLN AVENUE SUITE C TAMPA, FL 33614 | | | | Mailing Address P.O. BOX 260622 TAMPA, FL 33685-0622 | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 4. FEI Number 20-0403478 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CALHOUN, TERRY L 5602 NORTH LINCOLN AVENUE SUITE C TAMPA, FL 33614 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| Amended AR is \$61.25 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 200107457542 07/07--01059--006 **70.00 </div> | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD <input type="checkbox"/> Delete CALHOUN, TERRY L 5602 NORTH LINCOLN AVENUE, SUITE C TAMPA, FL 33614 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Frank H. White 5602 N. Lincoln Ave, Suite C Tampa, FL 33614 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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: <u>Terry L. Calhoun</u> Terry L. Calhoun 7/21/07 (813)871-2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | |