


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000139399**

1. Entity Name  
**JUPITER FARMS PLUMBING & IRRIGATION, INC.**



Principal Place of Business  
**17392 MELLEN LN  
 JUPITER, FL 33478**

Mailing Address  
**17392 MELLEN LN  
 JUPITER, FL 33478**

**DO NOT WRITE IN THIS SPACE**



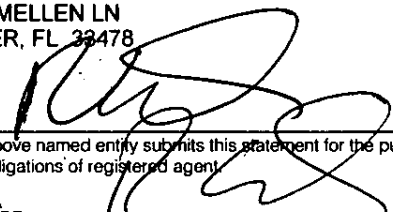
01072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**58-2677232** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VICKER, RICHARD M  
 17392 MELLEN LN  
 JUPITER, FL 33478**



**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  **Richard M. Vicker** **3/12/08**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

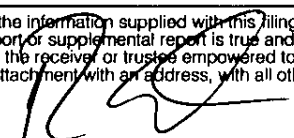
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VICKER, RICHARD M
STREET ADDRESS	17392 MELLEN LN
CITY - ST - ZIP	JUPITER, FL 33478
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000858700  
 04/01/08-80057-002 158.75

**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:  **Richard M. Vicker** **3/12/08** **772.263.3903**

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