

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90029 048 \*\*\*150.00



**DOCUMENT # P03000142015**

1. Entity Name

**MAIN STREET PLUMBING, INC.**

Principal Place of Business

22 WEST 42ND ST.  
 JACKSONVILLE FL 32208

Mailing Address

22 WEST 42ND ST.  
 JACKSONVILLE FL 32208

2. Principal Place of Business - No P.O. Box #

22 West 42nd St.

Suite, Apt. #, etc.

3. Mailing Address

7937 Chateau Drive

Suite, Apt. #, etc.



1st MOORE CR2E034 (10/07)

City & State

Jacksonville, Florida

Zip  
32208

Country  
US

City & State

Jacksonville, Florida

Zip  
32221

Country  
US

4. FEI Number

59-3258424

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, BOBBY V  
 22 WEST 42ND ST.  
 JACKSONVILLE FL 32208

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00.**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  Delete  
 NAME FREEMAN, BOBBY V  
 STREET ADDRESS 22 WEST 42ND ST.  
 CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE V  Delete  
 NAME MASON, TOMMY L  
 STREET ADDRESS 7737 CHATEAU DR S  
 CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

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TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bobby V. Freeman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-08

Date

904-766-2497

Daytime Phone #