


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P03000142602 1. Entity Name COHEN'S PLUMBING, INC.	
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Principal Place of Business 2085 PAULO ST. FORT MYERS, FL 33916 US	Mailing Address P. O. BOX 225 FT. MYERS, FL 33902
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2588908	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVIS, CLARICE C 2747 LEMON ST. FT. MYERS, FL 33916
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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 <i>Clarice C. Davis</i>	<i>Clarice C. Davis</i>	<i>3-19-08</i>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>		<small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000868662 04/09/08-80010-002 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, ROBERT C 2085 PAULO ST. FT. MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DAVIS, CLARICE C 2747 LEMON ST. FT. MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA COHEN, GLADYS C 2085 PAULO ST. FT. MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Robert C. Cohen</i>	<i>Robert C. Cohen</i> <i>3-19-08</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>