

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154681

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** ALL HOURS PLUMBING OF AMELIA, INC.

**Current Principal Place of Business:**

85633 ALENE ROAD  
YULEE, FL 32097

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16702  
FERNANDINA BEACH, FL 32035

**New Mailing Address:**

**FEI Number:** 80-0089893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALLAGHER, MARK A  
85633 ALENE ROAD  
YULEE, FL 32097 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GALLAGHER, MARK A  
Address: 85633 ALENE ROAD  
City-St-Zip: YULEE, FL 32097

Title: S ( ) Delete  
Name: TAYLOR, KAREN G  
Address: 85633 ALENE ROAD  
City-St-Zip: YULEE, FL 32097

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK GALLAGHER

PD

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date