


# 2008 ~~FOR~~ PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000004904</b>	
1. Entity Name DE RUSS PLUMBING, INC.	

Principal Place of Business 1009 N.E. 8TH ST. #13 CAPE CORAL, FL 33909	Mailing Address 1009 N.E. 8TH ST. #13 CAPE CORAL, FL 33909
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1692217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  RUSSELL, DERRICK 1236 SW 4TH COURT CAPE CORAL, FL 33991
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000908246 05/06/08-80021-021 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V RUSSELL, CAROLYN 1236 SW 4TH CT. CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD RUSSELL, DERRICK 1236 SW 4TH CT. CAPE CORAL, FL 33991
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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:**  **4-17-08** **239-242-2247**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*pd \$158.75 CK# 3660*