

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000007950

1. Entity Name
DON'S PLUMBING OF PINELLAS COUNTY, INC.



Principal Place of Business
**6526 3RD AVE. SOUTH
ST. PETERSBURG, FL 33707**

Mailing Address
**6526 3RD AVE. SOUTH
ST. PETERSBURG, FL 33707**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0093194	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

**REEVES, SCOTT A
6526 3RD AVE. SOUTH
ST. PETERSBURG, FL 33707**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REEVES, SCOTT ALAN
STREET ADDRESS	6526 3RD AVE. SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33707
TITLE	SD
NAME	REEVES, ROBIN TERESA
STREET ADDRESS	6526 3RD AVE. SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33707
TITLE	TD
NAME	REEVES, BRUCE GORDON
STREET ADDRESS	8640 GARDENIA DR
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07-80030-018 150.00

**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: Scott Alan Reeves SCOTT REEVES 1/19/07 727 360 8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #