


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 13 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000032752		
1. Entity Name RICCIO'S PLUMBING, INC.		

Principal Place of Business 6277 SKYVIEW DRIVE NORTH PORT, FL 34286 US	Mailing Address 6277 SKYVIEW DRIVE NORTH PORT, FL 34286 US
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



09042007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  BAKER, MICHAEL L 5702 CLARK ROAD SARASOTA, FL 34233		7. Name and Address of New Registered Agent Name <b>RICCIO, MICHAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>6277 SKYVIEW DRIVE</b> City <b>NORTHPORT</b> <b>FL</b> Zip Code <b>34286</b>	
--	--	--	--

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.

**MICHAEL RICCIO**

/ /07

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RICCIO, MICHAEL 6277 SKYVIEW DRIVE NORTH PORT, FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>700109534207</b> <b>09/18/07--01066--012 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RICCIO, JEFFREY 6277 SKYVIEW DRIVE NORTH PORT, FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CITRO'N, EDWIN A 4495 AMARI RD NORTH PORT, FL 34286 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. **MICHAEL RICCIO**

SIGNATURE: *Michael Riccio* PRESIDENT **9/16/07 941-223-9520**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #