

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000099095

Entity Name: BOB ANDERSON PLUMBING, INC.

FILED
Oct 02, 2009
Secretary of State

Current Principal Place of Business:

25210 81ST AVENUE EAST
MYAKKA CITY, FL 34251

New Principal Place of Business:

Current Mailing Address:

25210 81ST AVENUE EAST
MYAKKA CITY, FL 34251

New Mailing Address:

FEI Number: 20-1370087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, KATHLEEN M TREASUR
25210 81ST AVENUE EAST
MYAKKA CITY, FL 34251 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, ROBERT W
Address: 25210 81ST AVE. EAST
City-St-Zip: MYAKKA CITY, FL 34251

Title: V (X) Delete
Name: CLARKE, SEAN
Address: 1832 WOODHAVEN CIRCLE
City-St-Zip: SARASOTA, FL 34232

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: KATHLEEN M. ANDERSON

RA

10/02/2009

Electronic Signature of Signing Officer or Director

Date