

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099095

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** BOB ANDERSON PLUMBING, INC.

**Current Principal Place of Business:**

25210 81ST AVENUE EAST  
MYAKKA CITY, FL 34251

**New Principal Place of Business:**

25210 81ST AVENUE EAST  
MYAKKA CITY, FL 34251 US

**Current Mailing Address:**

25210 81ST AVENUE EAST  
MYAKKA CITY, FL 34251

**New Mailing Address:**

25210 81ST AVENUE EAST  
MYAKKA CITY, FL 34251 US

**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

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

**OFFICERS AND DIRECTORS:**

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

**Title:** TREA  
**Name:** ANDERSON, KATHLEEN M  
**Address:** 25210 81ST AVENUE EAST  
**City-St-Zip:** MYAKKA CITY, FL 34251 US

I hereby 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 all other like empowered.

**SIGNATURE:** KATHLEEN M. ANDERSON

TREA

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date