

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90860 047 \*\*\*150.00

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<b>DOCUMENT # P04000112598</b> 1. Entity Name <b>BRUCE ROWAT'S PLUMBING, INC.</b>					
Principal Place of Business <b>704 SAMUAL CHASE LANE</b> <b>WEST MELBOURNE, FL 32904 US</b>			Mailing Address <b>704 SAMUAL CHASE LANE</b> <b>WEST MELBOURNE, FL 32904 US</b>		
2. Principal Place of Business - No P.O. Box # <b>699 Samuel Chase Lane</b>		3. Mailing Address <b>699 Samuel Chase Lane</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>West Melbourne FL</b>		City & State <b>West Melbourne, FL</b>		4. FEI Number <b>20-1444066</b>	
Zip <b>32904</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROWAT, BRUCE W</b> <b>704 SAMUAL CHASE LANE</b> <b>WEST MELBOURNE, FL 32904</b>		7. Name and Address of New Registered Agent Name <b>Rowat, Bruce W</b> Street Address (P.O. Box Number is Not Acceptable) <b>699 Samuel Chase Lane</b> City <b>West Melbourne</b> <b>FL</b> Zip Code <b>32904</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.  SIGNATURE: <span style="float: right;">4126107</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROWAT, BRUCE 704 SAMUAL CHASE LANE WEST MELBOURNE, FL 32904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROWAT, MARY C 704 SAMUAL CHASE LANE WEST MELBOURNE, FL 32904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROWAT, MARY C 704 SAMUAL CHASE LANE WEST MELBOURNE, FL 32904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:			4126107 321-676-5406		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		