

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000134170

1. Entity Name

BROSSEIT'S POOL PLUMBING, INC.



**FILED
Mar 28, 2007 8:00 am
Secretary of State**

03-28-2007 90020 024 ***150.00



1st MOORE CR2E034 (10/06)

Principal Place of Business 13221 ORANGE GROVE BLVD WEST PALM BEACH FL 33411 US		Mailing Address 13221 ORANGE GROVE BLVD WEST PALM BEACH FL 33411 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		
6. Name and Address of Current Registered Agent BROSSEIT, CHAD E 13221 ORANGE GROVE BLVD WEST PALM BEACH FL 33411				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. \$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 BROSSEIT, CHAD 13221 ORANGE GROVE BLVD WEST PALM BEACH FL 33411	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P BROSSEIT, CHAD 13221 ORANGE GROVE BLVD WEST PALM BEACH FL 33411
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Chad E. Brosseit* **CHAD E. BROSSEIT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07

561-253-5400

Date

Daytime Phone #