

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2008 8:00 am
Secretary of State

03-17-2008 90011 002 ***150.00

DOCUMENT # P04000172631 1. Entity Name CASEY PLUMBING INC					
Principal Place of Business 524 CARNATION DR WINTER PARK FL 32792 US			Mailing Address 524 CARNATION DR WINTER PARK FL 32792 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FE# Number 20-2060168	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARRIS, MARILYN E 524 CARNATION DR WINTER PARK FL 32792				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 _____ DATE _____ Signature typed or printed on name of registered agent and date of filing NOTE: Registered Agent signature required when submitting					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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-STATE-ZIP	P.D CARRIS, KENNETH R 524 CARNATION DR WINTER PARK FL 32792	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	A CARRIS, MARILYN 524 CARNATION DR WINTER PARK FL 32792	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
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: <u>Marilyn E Carris</u> 3/25/08 Sect SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					