## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000024081

Entity Name: SHOTGUN PLUMBING, INC.

FILED Jul 08, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

**216 19TH STREET** 269 MONTEREY AVE

ST. AUGUSTINE, FL 32257 ST. AUGUSTINE, FL 32084

**Current Mailing Address: New Mailing Address:** 

1703 LAKESIDE AVE 269 MONTEREY AVE

UNIT 6 SAINT AUGUSTINE, FL 32084

SAINT AUGUSTINE, FL 32086

FEI Number: 20-2349084 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SILVERIO, MICHAEL A SILVERIO, MICHAEL A 3733 LUTH DRIVE EAST 42 MASTERS DR

JACKSONVILLE, FL 32250 US SAINT AUGUSTINE, FL 32084 US

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: MICHAEL SILVERIO 07/08/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: DPST (X) Change ( ) Addition SILVERIO, MICHAEL A Name: Name: SILVERIO, MICHAEL A 1703 LAKESIDE AVE UNIT 6 269 MONTEREY AVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VΡ (X) Delete Title: () Change () Addition

SCHLUP, KURT Name: Name: 7 BRESSLER LANE Address: Address: PALM COAST, FL City-St-Zip: 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: MICHAEL SILVERIO **PRES** 07/08/2007