

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90034 015 ***150.00

DOCUMENT # P05000072426 1. Entity Name SUPERIOR PLUS PLUMBING, INC.					
Principal Place of Business 310 EAST OLD HILLSBOROUGH AVE. SEFFNER, FL 33584 US			Mailing Address 310 EAST OLD HILLSBOROUGH AVE. SEFFNER, FL 33584 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 158			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SEFFNER, FL		4. FEI Number 20-2864291	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33583-0158		Hillsborough		01112008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent WALDROP, JIMMY L 310 EAST OLD HILLSBOROUGH AVE. SEFFNER, FL 33584				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 WALDROP, CHRISTIE L 310 EAST OLD HILLSBOROUGH AVE. SEFFNER, FL 33584	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALDROP, JIMMY L 310 EAST OLD HILLSBOROUGH AVE. SEFFNER, FL 33584	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
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: <i>Christie Waldrop</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
1/3/08			813659131		