

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081974

Entity Name: TWS PLUMBING, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

1010 OCOEE APOPKA RD - STE 520
520
APOPKA, FL 32703

New Principal Place of Business:

1240 HONEY RD.
APOPKA, FL 32712

Current Mailing Address:

1010 OCOEE APOPKA RD - STE 520
520
APOPKA, FL 32703

New Mailing Address:

1240 HONEY RD.
APOPKA, FL 32712

FEI Number: 84-1686522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, TIMOTHY
1240 HONEY RD
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILSON, TIMOTHY
Address: 1240 HONEY RD
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: WILSON, BARBARA
Address: 1240 HONEY RD
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: TIM WILSON

OWNE

04/23/2009

Electronic Signature of Signing Officer or Director

Date