

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107372

Entity Name: GOOD PLUMBING, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

BOX 20688
SARASOTA, FL 342333956

New Principal Place of Business:

BOX 20688
SARASOTA, FL 342763688

Current Mailing Address:

PO BOX 20688
SARASOTA, FL 342763688

New Mailing Address:

FEI Number: 20-3309529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOOD, DAVID M
BOX 978
OSPREY, FL 342290978 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

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:

Title: P () Delete
Name: GOOD, DAVID M
Address: PO BOX 20688
City-St-Zip: SARASOTA, FL 342763688

Title: VP () Delete
Name: GOOD, GWENDOLYN J
Address: PO BOX 20688
City-St-Zip: SARASOTA, FL 342763688

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: DAVID M. GOOD

P

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date