

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000115837

FILED
Aug 27, 2007
Secretary of State

Entity Name: OWEN ALVAREZ PLUMBING, INC.

Current Principal Place of Business:

10650 NW CR 225
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

10650 NW CR 225
STARKE, FL 32091

New Mailing Address:

FEI Number: 20-3376710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALVAREZ, OWEN
10650 NW CR 225
STARKE, FL 32091 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: ALVAREZ, OWEN
Address: 10650 NW CR 225
City-St-Zip: STARKE, FL 32091

Title: V () Delete
Name: ALVAREZ, THELMA J
Address: 10650 NW CR 225
City-St-Zip: STARKE, FL 32091

Title: S () Delete
Name: ALVAREZ, WILLIAM
Address: 10650 NW CR 225
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: ALVAREZ, WILLIAM R
Address: 10650 NW CR 225
City-St-Zip: STARKE, FL 32091

Title: S (X) Change () Addition
Name: ALVAREZ, GEORGE R SR
Address: 10650 NW CR 225
City-St-Zip: STARKE, FL 32091

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: OWEN ALVAREZ

P

08/27/2007

Electronic Signature of Signing Officer or Director

_____ Date