

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000118847

FILED
Mar 25, 2009
Secretary of State**Entity Name:** J & R PREMIER PLUMBING, INC.**Current Principal Place of Business:**6202 HILLSIDE AVENUE
SEMINOLE, FL 33772 US**New Principal Place of Business:****Current Mailing Address:**6202 HILLSIDE AVENUE
SEMINOLE, FL 33772 US**New Mailing Address:****FEI Number:** 20-3472133**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GILCH, JOHN JR.
6202 HILLSIDE AVENUE
SEMINOLE, FL 33772 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**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: GILCH, JOHN JR.
Address: 6202 HILLSIDE AVENUE
City-St-Zip: SEMINOLE, FL 33772**Title:** V () Delete
Name: JOHNSON, RUSSELL
Address: 6202 HILLSIDE AVENUE
City-St-Zip: SEMINOLE, FL 33772**Title:** S () Delete
Name: GILCH, KEVIN M
Address: 6202 HILLSIDE AVENUE
City-St-Zip: SEMINOLE, FL 33772**Title:** T () Delete
Name: GILCH, JOANNE D
Address: 6202 HILLSIDE AVENUE
City-St-Zip: SEMINOLE, FL 33772**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** V (X) Change () Addition
Name: GILCH, JOANNE D
Address: 6202 HILLSIDE AVENUE
City-St-Zip: SEMINOLE, FL 33772**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: JOHN GILCH JR.

PRES

03/25/2009

Electronic Signature of Signing Officer or Director_____
Date