

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000126892**

1. Entity Name  
**W&W FAMILY PLUMBING, INC.**



Principal Place of Business  
**4321 N AMARILLO DRIVE  
BEVERLY HILLS, FL 34465**

Mailing Address  
**4321 N AMARILLO DRIVE  
BEVERLY HILLS, FL 34465**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1732945**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WITTE, WALTER S  
4321 N AMARILLO DRIVE  
BEVERLY HILLS, FL 34465**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	WITTE, WALTER S
STREET ADDRESS	4321 N AMARILLO DRIVE
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	P
NAME	WITTE, FRANCES M
STREET ADDRESS	4321 N AMARILLO DRIVE
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	V
NAME	WILLES, KATHERINE E
STREET ADDRESS	5586 W. BUNGALOW COURT
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	V
NAME	WILLES, STEVEN M
STREET ADDRESS	5586 W. BUNGALOW COURT
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	ST
NAME	WITTE, FRANCES M
STREET ADDRESS	4321 N. AMARILLO DRIVE
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000581400  
01/10/07-80086-011 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *Frances Marie Witte* **Frances Marie Witte** *1/4/07* *352-422-1723*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #