


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000128298
 1. Entity Name
RANDY DOWD PLUMBING SERVICES, INC.



Principal Place of Business
**201 MAIN STREET W
 DUNDEE, FL 33838**

Mailing Address
**PO BOX 1504
 DUNDEE, FL 33838**

DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3686681 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DOWD, BILLY R
 201 W MAIBN ST
 DUNDEE, FL 33838**

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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: *Billy R Dowd Pres.* DATE: 1-9-08

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, 2008 Fee will be \$550.00**

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

000000880109
 04/15/08-80046-013 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOWD, RANDY
STREET ADDRESS	201 MAIN STREET W
CITY-ST-ZIP	DUNDEE, FL 33838
TITLE	D
NAME	SHUFF-DOWD, VIRGINIA
STREET ADDRESS	201 MAIN STREET W
CITY-ST-ZIP	DUNDEE, FL 33838
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Billy R Dowd* **Billy R Dowd** DATE: 1-9-08 DAYTIME PHONE #: 8635575614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #