

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90017 045 ***150.00

DOCUMENT # P06000001286 1. Entity Name OSCAR'S AND SONS PLUMBING INC				 4	
Principal Place of Business 309 NE 23RD PL CAPE CORAL, FL 33909			Mailing Address 309 NE 23RD PL CAPE CORAL, FL 33909		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 2215 NE 5th TER		Suite, Apt. #, etc. 2215 NE 5th TER		02142008 Chg-P CR2E034 (12/06)	
City & State CAPE CORAL FL		City & State CAPE CORAL FL		4. FEI Number 20-4045414	
Zip 33909		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, OSCAR L 309 NE 23RD PL CAPE CORAL, FL 33909				7. Name and Address of New Registered Agent Name LOPEZ, OSCAR L Street Address (P.O. Box Number is Not Acceptable) 2215 NE 5th TER City CAPE CORAL FL Zip Code 33909	
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 <small>Signature of registered agent and title if applicable</small>		PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 02/14/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, OSCAR L 309 NE 23RD PL CAPE CORAL, FL 33909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, OSCAR L 2215 NE 5th TER CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVA, MARIA ISABEL 309 NE 23RD PL CAPE CORAL, FL 33909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVA, MARIA ISABEL 2215 NE 5th TER CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied on 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:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			DATE 02/14/08 DAYTIME PHONE # 1239)772-0068		