2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000021286

Entity Name: TULLY PLUMBING INC.

Address:

City-St-Zip:

682 SW SARAZEN AVENUE

PORT ST LUCIE, FL 34953

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 682 SW SARAZEN AVENUE PORT ST LUCIE, FL 34953 **Current Mailing Address: New Mailing Address:** 1902 SE BOLTON AVE PORT ST LUCIE, FL 34952 FEI Number: 86-1159037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TULLY, CHRIS 682 SW SARAZEN AVENUE PORT ST LUCIE, FL 34953 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition TULLY, CHRIS Name: Name: TULLY, CHRIS 682 SW SARAZEN AVENUE 682 SW SARAZEN AVENUE Address: Address: City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip: PORT ST LUCIE, FL 34953 Title: Title: () Delete () Change () Addition TULLY, JOSEPH JR Name: Name: 682 SW SARAZEN AVENUE Address: Address: PORT ST LUCIE, FL 34953 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition TULLY, JOSEPH Name: Name: 682 SW SARAZEN AVENUE Address: Address: City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: () Change () Addition TULLY, SHERYL Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: SHERYL TULLY S 01/08/2008