## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P06000142031**

1. Entity Name

STANTON PLUMBING SERVICE, INC.



FILED Apr 11, 2008 08:00 All Secretary of State

Principal Place of Business

ncipal Place of Business

Mailing Address

27387 BAYWAY CT., STE. G 27387 BA Punta Gorda, Fl. 33983 Punta Go

27387 BAYWAY CT., STE. G Punta Gorda, FL 33983



02062008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-5662780

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STANTON, RICHARD 27387 BAYWAY CT., STE. G PUNTA GORDA, FL 33983

SIGNATURE: \_

## 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 SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agent and title if applicable.					
FILE NOWIII 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	U00000891343
10.	OFFICERS AND DIREC	TORS			U4723708-80021-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANTON, RICHARD 27387 BAYWAY CT., STE. G PUNTA GORDA, FL 33983				. ;
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STANTON, CARRIE 27387 BAYWAY CT PUNTA GORDA, FL 33983				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANTON, SHANE 548 KELISTADT PORT CHARLOTTE, FL 33952			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STANTON, ANTHONY 1221 HICKORY AVE PUNTA GORDA, FL 33950			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		***			•
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 exprowered 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 emptywered.					