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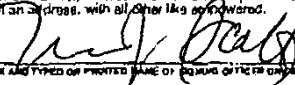
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Jun 12, 2008 8:00 am
Secretary of State

05-12-2008 90033 007 ***150.00

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**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P07000000715					
1. Entity Name OAKLAND PLUMBING, INC.					
Principal Place of Business 6342 COCOA LANE APOLLO BEACH, FL 33572			Mailing Address 6342 COCOA LANE APOLLO BEACH, FL 33572		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
Country			Country		
4. FEI Number 35-2338924			Applied For Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SCOTT, NORMAN 6342 COCOA LANE APOLLO BEACH, FL 33572			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 with the 4 apostrophes. (NOTE: Registered Agent # required when re-registering)					
FILE NOW!!! FEE IS \$150.00 (After May 1, 2008 Fee will be \$350.00)		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCOTT, MICHAEL J		NAME		
STREET ADDRESS	15900 32 MILE RD		STREET ADDRESS		
CITY-STATE-ZIP	RAY TWP, MI 48096		CITY-STATE-ZIP		
TITLE	VS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCOTT, NORMAN J		NAME		
STREET ADDRESS	15900 32 MILE RD		STREET ADDRESS		
CITY-STATE-ZIP	RAY TWP, MI 48096		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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 empowered to execute this report as required by Chapter 907, 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 endorsements.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR					

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