

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P07000050797	
1. Entity Name LOUIS SHAW PLUMBING INC.	

Principal Place of Business 4000 ALTON WENTWORTH ROAD GREENVILLE FL 32331 US	Mailing Address POST OFFICE BOX 552 SHADY GROVE FL 32357 US
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2. Principal Place of Business - No P.O. Box # 4000 Alton Wentworth Rd	3. Mailing Address PO Box 552
Suite, Apt. #, etc. ---	Suite, Apt. #, etc. ---

1st MOORE CR2E034 (10/07)

City & State Greenville FL	City & State Shady Grove FL
Zip 32331	Zip 32357
Country US	Country US

4. FEI Number	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHAW, LOUIS W JR. 4000 ALTON WENTWORTH ROAD GREENVILLE FL 32331	
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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 Louis Shaw President	DATE 1/26/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P SHAW, LOUIS W JR. 4000 ALTON WENTWORTH ROAD GREENVILLE FL 32331	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
VP SHAW, LINDA 4000 ALTON WENTWORTH ROAD GREENVILLE FL 32331	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
U000000803938 02/05/08-80046-011 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Louis Shaw	DATE: 1/26/08	PHONE: 850-584-3520
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