2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2008 8:00 am Secretary of State **DOCUMENT #P07000113535** 04-25-2008 90132 016 ***150.00 PLUMPTON ENTERPRISES INC. Principal Place of Business Mailing Address 9811 FULTON AVE 9811 FULTON AVE HUDSON, FL 34667 HUDSON, FL 34667 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For <u> 74 - 3243240</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT PLUMPTON SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR 9811 FULTON AUF MIAMI, FL 33145 CITY HUDSON 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 20BERT しじみアサッツ 4-20-08 ZESIDENT SIGNATURE. (NOTE: Registered Agent eignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE PLUMPTON, ROBERT NAME NAME 9811 FULTON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34667 CITY-ST-ZIP STD ☐ Delete TIT1 F noitibba 🔲 TITLE T Change NAME PLUMPTON, NORINA F NAME 9811 FULTON AVE STREET ADDRESS STREET ADORESS HUDSON, FL 34667 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete T(T) F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 for supplier entail 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 of 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 apprecia, with all other like empowered. -20-0<u>3</u> 727-457-1668 SIGNATURE:

FILED