

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000124760

Entity Name: 321 PLUMBING, INC.

FILED
May 23, 2008
Secretary of State**Current Principal Place of Business:**820 E LINCOLN AVENUE
UNIT #17
MELBOURNE, FL 32901 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 33187
INDIALANTIC, FL 32903 US**New Mailing Address:**

FEI Number: 26-1446271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BITTAR, ANDREW
820 E LINCOLN AVE
UNIT # 8
MELBOURNE, FL 32901 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:Title: P () Delete
Name: WEEKLEY, DAVID
Address: P.O. BOX 33187
City-St-Zip: INDIALANTIC, FL 32903 USTitle: VP () Delete
Name: BITTAR, ANDREW
Address: P.O. BOX 33187
City-St-Zip: INDIALANTIC, FL 32903 USTitle: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP () Change (X) Addition
Name: BITTAR, DAWN M
Address: P.O. BOX 33187
City-St-Zip: INDIALANTIC, FL 32903 US

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.

SIGNATURE: ANDREW BITTAR

VP

05/23/2008

Electronic Signature of Signing Officer or Director

Date