

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000021909

Entity Name: PAUL WOOD PLUMBING, INC.

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

617 COLLEGE AVE. WEST  
RUSKIN, FL 33570 US

**New Principal Place of Business:**

**Current Mailing Address:**

617 COLLEGE AVE. WEST  
RUSKIN, FL 33570 US

**New Mailing Address:**

FEI Number: 26-2091613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WOOD, MARIE L  
617 COLLEGE AVE. WEST  
RUSKIN, FL 33570 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  
Name: WOOD, PAUL D  
Address: 617 COLLEGE AVE. WEST  
City-St-Zip: RUSKIN, FL 33570 US

Title: ST  
Name: WOOD, MARIE L  
Address: 617 COLLEGE AVE. WEST  
City-St-Zip: RUSKIN, FL 33570 US

I hereby 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 all other like empowered.

SIGNATURE: MARIE L. WOOD

ST

01/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date