

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000067209

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** OGRE PLUMBING CONTRACTORS INC

**Current Principal Place of Business:**

5340 OTTER LANE  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

5340 OTTER LANE  
MIDDLEBURG, FL 32068

**New Mailing Address:**

**FEI Number:** 27-3246763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHROER, KENNETH P  
5340 OTTER LANE  
MIDDLEBURG, FL 32068 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:** DPST  
**Name:** SCHROER, KENNETH P  
**Address:** 5340 OTTER LANE  
**City-St-Zip:** MIDDLEBURG, FL 32068

**Title:** CFO  
**Name:** MARSHALL, KIMBERLY R  
**Address:** 5340 OTTER LANE  
**City-St-Zip:** MIDDLEBURG, FL 32068 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:** KENNETH P SCHROER

DPST

01/27/2011

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

\_\_\_\_\_  
Date