2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90034 004 ***150.00

DOCUMENT # P92000011875

1. Entity Name
COLONIAL PLUMBING INC.

Principal Place of Business	Mailing Address
1319 S WOODLAND BLVD DELAND FL 32720	1319 S WOODLAND BLVD DELAND FL 32720

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
120 E. New Hampshire Ave	2607 S. Woodland Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #275
City & State: Deland Fl.	City & State: Deland Fl.
Zip: 32724 Country	Zip: 32720 Country

4. FEI Number 59-3155211 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, JAMES P
1319 S WOODLAND BLVD
DELAND FL 32720

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): 120 E. New Hampshire Ave.
City: Deland FL Zip Code: 32724

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SMITH, JAMES P	
STREET ADDRESS	1002 TORCHWOOD DR	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	ST	☐ Delete
NAME	SMITH, LAURA L	
STREET ADDRESS	1002 TORCHWOOD DR.	
CITY-ST-ZIP	DELAND FL 32724	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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
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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: Laura Smith Laura Smith 1/29/08 386-736-2607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #