

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000011465

1. Entity Name
JOSEY PLUMBING COMPANY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 PM 12:37

Principal Place of Business
1916 TALPECO ROAD
TALLAHASSEE, FL 32303 US

Mailing Address
P O BOX 180921
TALLAHASSEE, FL 32318



2. Principal Place of Business
5186 Don Hunter Rd

3. Mailing Address
Same

Suite, Apt. #, etc.

04242006 Chg-P CR2E034 (11/05)

City & State
TALLA, FL.

4. FEI Number
59-3164816

Applied For
Not Applicable

32303 Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEY, AL
1916 TALPECO ROAD
TALLAHASSEE, FL 32303

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEY, AL	
STREET ADDRESS	1916 TALPECO ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOSEY, RITA K	
STREET ADDRESS	1916 TALPECO RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5186 Don Hunter Rd	
STREET ADDRESS	TALLA, FL	
CITY-ST-ZIP	32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: Rita K Josey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 562-8763
Date Daytime Phone #