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Secretary of State
04-02-2007 90085 010 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000035127

1. Entity Name
DARLEY'S PLUMBING, INC.

Principal Place of Business
4472 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32207

Mailing Address
4472 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32207

40046817

01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3181245
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DARLEY, CARL L
6275 KELLOW DRIVE
JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DARLEY, CARL L
STREET ADDRESS	4472 PHILLIPS HIGHWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	S
NAME	DARLEY, NEIDA R
STREET ADDRESS	5158 CAMELLIA CIRCLE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	DARLEY, CARL W
STREET ADDRESS	5158 CAMELLIA CIR S
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	V
NAME	DARLEY, DALE
STREET ADDRESS	1011 LARKSPUR LOOP
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: _____ 1/18/07 904.727.1484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #