


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000040509	
1. Entity Name COURTNEY PLUMBING, INC.	

Principal Place of Business 28220 COUNTRY RD 561 TAVARES, FL 32778 US	Mailing Address 28220 COUNTRY RD 561 TAVARES, FL 32778 US
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DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3240982	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COURTNEY, SCOTT E
 12201 S. PUTNEY COURT
 LEESBURG, FL 34788

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURTNEY, SCOTT E 12201 S. PUTNEY COURT LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURTNEY, HERBERT F 27936 LOIS DR TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURTNEY, SUSAN 27936 LOIS DR TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Scott Courtney **SCOTTCOURTNEY Pres 2-7-06 3433763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #