


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90065 002 \*\*\*150.00

**DOCUMENT # P94000044101**

1. Entity Name  
**JOEL'S PLUMBING, INC.**



Principal Place of Business      Mailing Address  
**5582 DOUG TAYLOR CIR**      **5582 DOUG TAYLOR CIR**  
**ST JAMES CITY, FL 33956-3219 US**      **ST JAMES CITY, FL 33956-3219 US**

**40006199**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01182007      Chg-P      CR2E034 (12/06)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**65-0505825**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAVENER, JOEL R**  
**5582 DOUG TAYLOR CIRCLE**  
**ST JAMES CITY, FL 33956**

**7. Name and Address of New Registered Agent**

Name **Patrick M. Richardson**

Street Address (P.O. Box Number is Not Acceptable)  
**5582 Doug Taylor Circle**

City **ST JAMES City**      **FL**      Zip Code **33956**

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 *Patrick M. Richardson* **Patrick M. Richardson President** **1-21-06**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete NAME <b>HAVENER, JOEL R</b> STREET ADDRESS <b>5582 DOUG TAYLOR CIR</b> CITY - ST - ZIP <b>ST JAMES CITY, FL 32956</b>	TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Patrick M Richardson</b> STREET ADDRESS <b>5582 Doug Taylor Circle</b> CITY - ST - ZIP <b>ST JAMES CITY, FL 33956</b>
TITLE <b>V</b>	<input type="checkbox"/> Delete NAME <b>HAVENER, THOMAS E</b> STREET ADDRESS <b>5582 DOUG TAYLOR CIR</b> CITY - ST - ZIP <b>ST JAMES CITY, FL 32956</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b>	<input type="checkbox"/> Delete NAME <b>HAVENER, WILLIAM R.</b> STREET ADDRESS <b>5582 DOUG TAYLOR CIR</b> CITY - ST - ZIP <b>ST JAMES CITY, FL 32956</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William R. Havener* **William R. Havener**      1/21/06      (239) 283-7888

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