2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000062751

1. Entity Name
RICKS PLUMBING INCORPORATED

Principal Place of Business	Mailing Address
7074 121ST WAY N SEMINOLE, FL 34642	7074 121ST WAY N SEMINOLE, FL 34642

01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3263982
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHAVES, RICHARD J
7074 121ST WAY N
SEMINOLE, FL 34642

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's 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

U00000582642
01/11/07-80040-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAVES, RICHARD
STREET ADDRESS	7074 121ST WAY N
CITY-ST-ZIP	SEMINOLE, FL 34642
TITLE	V
NAME	FLEMING, JAMES
STREET ADDRESS	10707 53RD AVE #8
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708
TITLE	S
NAME	CHAVES, SHARON
STREET ADDRESS	7074 121ST WAY N.
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	T
NAME	CHAVES, KIMBERLY
STREET ADDRESS	7074 121ST WAY N.
CITY-ST-ZIP	SEMINOLE, FL 33772
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: _____ 1-7-07 727-397-7809
SIGNATURE AND TITLE OF AUTHORIZED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #