

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000062751

FILED
Jan 09, 2009
Secretary of State

Entity Name: RICKS PLUMBING INCORPORATED

Current Principal Place of Business:

7074 121ST WAY N
SEMINOLE, FL 34642

New Principal Place of Business:

7074 121ST WAY N
SEMINOLE, FL 33772

Current Mailing Address:

7074 121ST WAY N
SEMINOLE, FL 34642

New Mailing Address:

7074 121ST WAY N
SEMINOLE, FL 33772

FEI Number: 59-3263982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CHAVES, BONNIE M
7074 121ST WAY N
SEMINOLE, FL 34642 US

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.

SIGNATURE: BONNIE M CHAVES

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAVES, RICHARD
Address: 7074 121ST WAY N
City-St-Zip: SEMINOLE, FL 34642

Title: V () Delete
Name: FLEMING, JAMES
Address: 10707 53RD AVE #8
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: S () Delete
Name: CHAVES, SHARON
Address: 7074 121ST WAY N
City-St-Zip: SEMINOLE, FL 33772

Title: T () Delete
Name: CHAVES, KIMBERLY
Address: 7074 121ST WAY N
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHAVES, BONNIE
Address: 7074 121ST WAY N
City-St-Zip: SEMINOLE, FL 33772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PIETRIS, SHARON
Address: 7552 MAROON PEAK DR
City-St-Zip: RUSKIN, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE M CHAVES

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

Date