## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P94000064794** 02-22-2007 90013 024 \*\*\*150.00 J & J PLUMBING OF BONITA, INC. Mailing Address Principal Place of Business 27423 IMPERIAL OAK CIR P.O. BOX 1325 BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34133 HS 2. Principal Place of Business - No P.O. Box # 246 42 Rocky Ki 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 02182007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0522936 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROUGHTON, SANDRA J Street Address (P.O. Box Number is Not Acceptable) 24642 ROCKY RD. PO BOX 1325 BONITA SPRINGS, FL 34133 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. n TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BROUGHTON, JOSEPH E** NAME MAME STREET ADDRESS P.O. BOX 1325 N/A STREET ADDRESS BONITA SPRINGS, FL-34133 CITY-ST-7P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition BROUGHTON, SANDRA J NAME STREET ADDRESS P.O. BOX 1325 N/A STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34133 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TILE ☐ Change ☐ Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP TIME ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7TP 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, wi 239 992-0303 07 SIGNATURE: G OFFICER OR DIRECTOR

FILED

Feb 22, 2007 8:00 am