



FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90133 004 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000073592			
1. Entity Name B & G PLUMBING SEWER & DRAIN SPECIALIST, INC.			
Principal Place of Business 1980 W. TEN MILE RD. PENSACOLA, FL 32534		Mailing Address 1980 W. TEN MILE RD. PENSACOLA, FL 32534	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent BARNES, WILLIAM T 1980 W. TEN MILE RD. PENSACOLA, FL 32534		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when replacing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, WILLIAM T.	NAME	
STREET ADDRESS	1980 W. TEN MILE RD. 2623 S. Hwy 29	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 32534 Conkoverment FL 32533	CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMPLIAN, MARK	NAME	
STREET ADDRESS	1980 W. TEN MILE RD. 2623 S. Hwy 29	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 32534 Conkoverment FL 32533	CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, JERRI L	NAME	
STREET ADDRESS	1980 W. TEN MILE RD. 2623 S. Hwy 29	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 32534 Conkoverment FL 32533	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.			
SIGNATURE: 		Date: 4/23/08	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

40082173



04222008 Chg-P CR2E034 (12/08)

4. FSI Number 59-3276134 Applied For Not Applicable

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


7. Name and Address of New Registered Agent

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.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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SIGNATURE:  Date: 4/23/08

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date