


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000090851
 1. Entity Name
 PROUT'S PLUMBING, INC.



Principal Place of Business Mailing Address
 881 E ELKCAM CIRCLE 881 E ELKCAM CIRCLE
 MARCO ISLAND, FL 34145 US MARCO ISLAND, FL 34145 US

DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0542299 Not Applicable

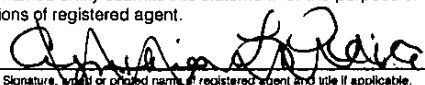
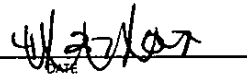
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG
 PO BOX 1
 MARCO ISLAND, FL 34145

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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, title or phoned name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P
NAME	PROUT, JOHN E
STREET ADDRESS	1420 FOREST COURT
CITY-ST-ZIP	MARCO ISLAND, FL
TITLE	ST
NAME	PROUT, KATHERINE G
STREET ADDRESS	1420 FOREST COURT
CITY-ST-ZIP	MARCO ISLAND, FL
TITLE	V
NAME	PIERCE, JOEL A
STREET ADDRESS	160 GERANIUM CT
CITY-ST-ZIP	MARCO ISLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/24/07-80028-005 150.00

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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:  4/29/07 239-394-1668

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