

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90061 036 ***158.75

DOCUMENT # P95000010886 1. Entity Name DOLPHIN PLUMBING, INC.					
Principal Place of Business 3816 EXCHANGE AVE. NAPLES, FL 34104 US				Mailing Address 3816 EXCHANGE AVE. NAPLES, FL 34104 US	
2. Principal Place of Business - No P.O. Box # 28651 N. Diesel Dr. Suite, Apt. #, etc. # 5		3. Mailing Address 28651 N. Diesel Dr. Suite, Apt. #, etc. # 5			
City & State Bonita Springs, FL Zip 34135 Country USA		City & State Bonita Springs, FL Zip 34135 Country USA		4. FEI Number 65-0554431 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				07072008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HJELSETH, DAVID J 100 SANTA CLARA DRIVE 15 NAPLES, FL 34104				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: 7/7/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HJELSETH, DAVID J 100 SANTA CLARA DRIVE #15 NAPLES, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David J Hjelseth 194 Burnt Pine Dr Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 7/7/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					