

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000037678

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: ALL COUNTY PLUMBING SERVICES, INC.

## Current Principal Place of Business:

2875 SE 58TH AVE.  
OCALA, FL 34480 US

## New Principal Place of Business:

## Current Mailing Address:

2875 SE 58TH AVE.  
OCALA, FL 34480 US

## New Mailing Address:

P.O. BOX 649  
SILVER SPRINGS, FL 34489 US

FEI Number: 59-3326788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IRWIN, DENNIS M  
5640 SE 8TH ST.  
OCALA, FL 34480 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: IRWIN, DENNIS M  
Address: 5640 SE 8TH STREET  
City-St-Zip: OCALA, FL 34480

Title: VP (X) Delete  
Name: IRWIN, JULIE  
Address: 5640 SE 8TH ST  
City-St-Zip: OCALA, FL 34480

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DENNIS IRWIN

PRES

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date