


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000042364</b>		
1. Entity Name <b>SASSER'S PLUMBING, INC.</b>		
Principal Place of Business <b>107 BASS AVE FORT WALTON, FL 32548 US</b>		Mailing Address <b>206 PILGRIM AVE FORT WALTON BEACH, FL 32547 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SASSER, PATRICIA 206 PILGRIM AVE FORT WALTON BEACH, FL 32547</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: <u>Patricia Sasser President</u> <span style="float: right;">1/4/2007</span> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SASSER, MICHAEL	
STREET ADDRESS	206 PILGRIM AVE	
CITY- ST- ZIP	FORT WALTON BEACH, FL 32547	
TITLE	S	
NAME	FASSBENDER, CARL	
STREET ADDRESS	1653 HWY 98 W.	
CITY- ST- ZIP	MARY ESTHER, FL 32569	
TITLE	P	
NAME	SASSER, PATRICIA	
STREET ADDRESS	206 PILGRIM AVE	
CITY- ST- ZIP	FORT WALTON BEACH, FL 32547	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
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 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: <u>Michael W. Sasser</u> <span style="float: right;">1/4/2007</span> <span style="float: right;">850-243-8699</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3320845</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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01/10/07-80028-003 150.00

**DO NOT WRITE  
IN THIS SPACE**