

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000044516

I. Entity Name
RBF PLUMBING INC.



Principal Place of Business
2316 TREEFERN CT
ORLANDO, FL 32837

Mailing Address
2316 TREEFERN CT
ORLANDO, FL 32837



02042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3281145

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROWE, RAYMOND K SR.
2316 TREE FERN CT
ORLANDO, FL 32837

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IN THIS SPACE**

I. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

0. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROWE, RAYMOND SR
STREET ADDRESS	2316 TREEFERN CT
CITY-STATE-ZIP	ORLANDO, FL 32837
TITLE	STVP
NAME	ROWE, JOY
STREET ADDRESS	2316 TREEFERN CT
CITY-STATE-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

2. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07 (407)859-8174
Date Daytime Phone #