

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000001281

Entity Name: NAVE PLUMBING, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

2244 PERIWINKLE WAY
SUITE 13
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 247
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 65-0631733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAVE, CHARLES A SR.
2244 PERIWINKLE WAY
SUITE 13
SANIBEL, FL 33957 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: PD () Delete
Name: NAVE, CHARLES A SR.
Address: POST OFFICE BOX 247 N/A
City-St-Zip: SANIBEL, FL 339570247

Title: STD () Delete
Name: NAVE, GOLDIE M
Address: POST OFFICE BOX 247 N/A
City-St-Zip: SANIBEL, FL 339570247

Title: V () Delete
Name: NAVE, CURTIS M V
Address: 787 DUNLOP ROAD
City-St-Zip: SANIBEL, FL 33957

Title: V () Delete
Name: TABOR, ROGER D V
Address: 232 S.E. 31ST STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: V () Delete
Name: RIDER, YVONNE E V
Address: 785 DUNLOP ROAD
City-St-Zip: SANIBEL, FL 33957

Title: V () Delete
Name: NAVE, JR, CHARLES A V
Address: 9393 PEACEFUL DRIVE
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: YVONNE RIDER

V

04/30/2008

Electronic Signature of Signing Officer or Director

Date