

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000065187

1. Entity Name

NORTHERN FLORIDA PLUMBING, INC.



**FILED  
Apr 02, 2008 8:00 am  
Secretary of State**

04-02-2008 90020 010 \*\*\*150.00

Principal Place of Business

545 NE 356 AVE  
OLD TOWN, FL 32680 US

Mailing Address

545 NE 356 AVE  
OLD TOWN, FL 32680 US

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BROMLEY, DANIEL J  
545 NE 356 AVE  
OLD TOWN, FL 32680

02202008 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE  
IN THIS SPACE**

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

*Daniel J. Bromley*

*3-21-08*

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDST  
NAME BROMLEY, DANIEL J  
STREET ADDRESS 7569 216TH ST  
CITY-ST-ZIP O'BRIEN, FL 32071

TITLE VPD  
NAME TAPLEY, EDWARD  
STREET ADDRESS P O BOX 71 N/A  
CITY-ST-ZIP O'BRIEN, FL 32071

*DELETE, NO  
LONGER w/ corp.*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Daniel J. Bromley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3-20-08 352 542 9515*