

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000096179

Entity Name: MCLEOD PLUMBING, INC.

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8316 PALOMINO DRIVE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

16280 70TH ST N  
LOXAHATCHEE,, FL 33470

**Current Mailing Address:**

8316 PALOMINO DRIVE  
LAKE WORTH, FL 33467

**New Mailing Address:**

16280 70TH ST N  
LOXAHATCHEE,, FL 33470

FEI Number: 65-0710027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCLEOD, PATRICK L  
8316 PALOMINO DRIVE  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

MCLEOD, PATRICK L  
16280 70TH ST N  
LOXAHATCHEE, FL 33470 US

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

04/23/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCLEOD, PATRICK L  
Address: 16280 70TH ST N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: STD  
Name: MCLEOD, PAULA A  
Address: 16280 70TH ST N  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby 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 all other like empowered.

SIGNATURE: PAULA A. MCLEOD

SECR

04/23/2011

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

\_\_\_\_\_  
Date