2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000009671

Entity Name: SHAWN ORR'S PLUMBING CO., INC.

FILED Jul 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4645 DEKALB AVE JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

5539 SHARON TERRACE 4645 DEKALB AVE JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207

FEI Number: 59-3423763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ORR, SHAWN
5539 SHARON TERRACE
4645 DEKALB AVE

JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 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: 07/25/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 ORR, SHAWN
 Name:
 ORR, SHAWN

 Address:
 5539 SHARON TERRACE
 Address:
 4645 DEKALB AVE

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:
 JACKSONVILLE, FL 32207

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: SHAWN G. ORR CEO 07/25/2009