


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000061941 1. Entity Name DROP IN THE BUCKET PLUMBING, INC.		
Principal Place of Business 10990 SE GOMEZ AVE. HOBE SOUND, FL 33455	Mailing Address 10990 SE GOMEZ AVE. HOBE SOUND, FL 33455	



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0770614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCIME, VINCENT M 10990 SE GOMEZ AVE. HOBE SOUND, FL 33455	DO NOT WRITE IN THIS SPACE
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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 *Vincent M Scime* Pres. 2/4/07
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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCIME, VINCENT M 10990 SE GOMEZ AVE. HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE

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02/15/07-80068-016 150.00

**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: *Vincent M Scime* 2/4/07 561339-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #