2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083958

City-St-Zip:

JACKSONVILLE,, FL 32256

Entity Name: TED BENEDIX PLUMBING, INC.

FILED Apr 17, 2007 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
	OSTA ROAD IVILLE, FL 322	223			
Current Mailing Address:			New Mailing Address:		
	OSTA ROAD IVILLE, FL 322	223			
FEI Number	: 59-3470941	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					
11940 AC	EDWARD OSTA ROAD IVILLE, FL 322	223 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTD (BENEDIX, EDV 11940 OLD AC JACKSONVILL	OSTA ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (BENEDIX, GW 11940 OLD AC JACKSONVILL	OSTA ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (BENEDIX, DEN 4104 DAYES F JACKSONVILL	RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	BENEDIX, EDV) Delete VARD C TREASUR NDOWS RD. APT 829	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: EDWARD H. BENEDIX PTD 04/17/2007