

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90011 025 ***158.75

DOCUMENT # P98000077203

1. Entity Name

MIZE PLUMBING SERVICES AND SUPPLY, INC.



Principal Place of Business
520 FIRST STREET
PORT ST. JOE FL 32456
US

Mailing Address
520 FIRST STREET
PORT ST. JOE FL 32456
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3529986

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

MIZE, JOHNNY
1024 WOODWARD AVENUE
PORT ST. JOE FL 32456

7. Name and Address of New Registered Agent

Name Mize, Johnny
Street Address (P.O. Box Number is Not Acceptable)
301 Chapel Lane
City Port St. Joe FL Zip Code 32456

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

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MIZE, BRENDA Y	
STREET ADDRESS	301 CHAPEL LANE	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MIZE, JOHNNY O	
STREET ADDRESS	301 CHAPEL LANE	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MIZE, MICHAEL O	
STREET ADDRESS	121 HUNTER CIR	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Brenda Y Mize
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda Y. Mize 4/24/08 850 229 6821

Date

Daytime Phone #