

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000085989

Entity Name: THE PLUMBING COMPANY, INC.

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

140 FLEMING AVENUE
LAKE WORTH, FL 33463

New Principal Place of Business:

140 FLEMING AVENUE
GREENACRES, FL 33463

Current Mailing Address:

140 FLEMING AVENUE
LAKE WORTH, FL 33463

New Mailing Address:

140 FLEMING AVE
GREENACRES, FL 33463

FEI Number: 59-2163143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, SAMUEL N
140 FLEMING AVENUE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

LOPEZ, SAMUEL N
140 FLEMING AVENUE
GREENACRES, FL 33463 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: SAMUEL N LOPEZ

04/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: LOPEZ, SAMUEL N
Address: 140 FLEMING AVENUE
City-St-Zip: LAKE WORTH, FL 33463

Title: SV () Delete
Name: LOPEZ, LIDIA
Address: 140 FLEMING AVENUE
City-St-Zip: LAKE WORTH, FL 33463

Title: V () Delete
Name: SMITH, DONALD J
Address: 11234 ROSELYNN WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: VP () Delete
Name: LOPEZ, REUBEN
Address: 120 SW 11TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435 59

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: LOPEZ, SAMUEL N
Address: 140 FLEMING AVENUE
City-St-Zip: GREENACRES, FL 33463

Title: SV (X) Change () Addition
Name: LOPEZ, LIDIA
Address: 140 FLEMING AVENUE
City-St-Zip: GREENACRES, FL 33463

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMUEL N LOPEZ

PRES

04/18/2008

Electronic Signature of Signing Officer or Director

Date