

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095918

FILED
Apr 16, 2009
Secretary of State

Entity Name: BEST PLUMBING & REMODELING, INC.

Current Principal Place of Business:

431 AULIN AVE
UNIT C
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 621231
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 59-3542519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONICA SWEENEY
3113 DWARF PINE AVE.
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SWEENEY, CRAIG
Address: 3113 DWARF PINE AVE
City-St-Zip: WINTER PARK, FL 32792

Title: S () Delete
Name: MANGEL, JOHN A
Address: 345 SWEETWATER SPRINGS ST.
City-St-Zip: DEBARY, FL 32713

Title: V () Delete
Name: SWEENEY, RUSTY
Address: 225 W 7TH ST
City-St-Zip: CHULUOTA, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: SWEENEY, RUSSELL
Address: 225 W 7TH ST
City-St-Zip: CHULUOTA, FL 32766

Title: T (X) Change () Addition
Name: SWEENEY, MONICA
Address: 3113 DWARF PINE AVE
City-St-Zip: WINTER PAR, FL 32792

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: CRAIG T. SWEENEY

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date