FILED
Sep 13, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000007450

1. Entity Name
EXACT PLUMBING, INC.

Principal Place of Business	Mailing Address
400 S SANFORD AVE SANFORD, FL 32771	400 S SANFORD AVE SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

08052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3561955

Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, JASON S
400 S SANFORD AVE
SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

7. 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 my position as registered agent.

SIGNATURE: Jason S. Turner 9/7/07
Signature required when reinstating. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	TURNER, JASON R
STREET ADDRESS	400 S. SANFORD AVE.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000773854
09/13/07-80001-020 150.00

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: Jason S. Turner 9/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #