

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P99000023623

1. Entity Name

DATTILE PLUMBING, INC.



**FILED
Feb 07, 2008 8:00 am
Secretary of State**

02-07-2008 90023 039 ***150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business 1100 FAIRVIEW LANE SINGER ISLAND FL 33404 US	Mailing Address 1100 FAIRVIEW LANE SINGER ISLAND FL 33404 US
2. Principal Place of Business - No P.O. Box # 15592 69th Ct N.	3. Mailing Address 15592 69th Ct N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Loxahatchee, FL	City & State Loxahatchee, FL
Zip 33470	Country Palm Beach
Zip 33470	Country Palm Beach
6. Name and Address of Current Registered Agent KUX, RICHARD 19635 STATE ROAD 7, SUITE 42 BOCA RATON FL 33498	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 the application

(NOTE: Registered Agent signature required when certifying)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD DATTILE, DOUGLAS A 1100 FAIRVIEW LANE SINGER ISLAND FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD Dattile, Doug 15592 69th Ct. N. Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DATTILE, DEBRA V 1100 FAIRVIEW LANE SINGER ISLAND FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Dattile, Debra 15592 69th Ct. N. Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #