

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038701

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: EDENFIELD PLUMBING COMPANY

## Current Principal Place of Business:

9420 LAZY LANE  
#D7  
TAMPA, FL 33614 US

## New Principal Place of Business:

## Current Mailing Address:

9420 LAZY LANE  
#D7  
TAMPA, FL 33614 US

## New Mailing Address:

PO BOX 272084  
TAMPA, FL 33688 US

FEI Number: 59-3574261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THORNTON, MICHAEL F  
9420 LAZY LANE  
#D7  
TAMPA, FL 33614 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: D ( ) Delete  
Name: THORNTON, MICHAEL  
Address: 9420 LAZY LANE  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: THORNTON, M.A.  
Address: 9420 LAZY LANE #D7  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL THORNTON

MR.

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date