2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000080204

1. Entity Name
TAP PLUMBING, INC.

Principal Place of Business	Mailing Address
13234 SW 203 ST. MIAMI, FL 33177	13234 SW 203 ST. MIAMI, FL 33177

FILED
Mar 05, 2007 8:00 am
Secretary of State
03-05-2007 90060 038 ***150.00

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02202007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0946823		Not Applicable

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

6. Name and Address of Current Registered Agent

PLUMMER, TIMOTHY A
13234 SW 203 ST.
MIAMI, FL 33177

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 _Timothy Plummer_   TIMOTHY PLUMMER   3-1-07

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PLUMMER, TIMOTHY A
STREET ADDRESS	13234 SW 203 ST.
CITY-ST-ZIP	FLORIDA CITY, FL 33034

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Timothy Plummer_   TIMOTHY PLUMMER   3-1-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #