## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 16, 2008 8:00 am Secretary of State 04-16-2008 90028 010 \*\*\*158.75

1. Entity Name	MENT # S06408 LUMBING, INC.				04-16-2008	8 90028 010 ***15	58.75
Principal Place 787 CENTER UNIT E HOLLY HILL,	AVE	Mailing Address 787 CENTER AVE UNIT E HOLLY HILL, FL 32117 U	S		600244	67	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address TER    Hally Hill FL "UNIT-E 797 CENTER    Suite, Apt. #, etc.  UNIT-E    UNIT-E			IUFE	03272008 Chg-P CR2E034 (12/06)			
City & State HOLLY HILL FL. HOLLY HILL FL.				4. FEI Number 59-303		No	plied For Applicable
32117	Country VS A  6. Name and Address of Current F	32117 V	olusta		of Status Desired  Address of New R	\$8.75 Add Fee Required	
CAREY, BERNARD P 1224 S PENINSULA DRIVE. #606 DAYTONA BEACH, FL 32118  Name — Street Ad  City #				ress (P.O. Box Number is Not Acceptable)  Center auc Unit =  10/14/11/11/15			
8. The above named entity submits this statement for the purpose of changing its registered eigent, 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 if applicable. (NOTE Registered logic signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees							
10.	OFFICERS AND I		·	ADDITIONS,	CHANGES TO OFF	ICERS AND DIRECTORS	
NAME STREET ADDRESS CITY-ST-ZIP	D CAREY, BERNARD P 1224 S PENINSULA DRIVE #606 DAYTONA BEACH, FL 32118	N. S	TLE  AME  TREET ADDRESS  TY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	D CÜLPEPPER, HOWARD 787 CENTER AVENUE UNIT E HOLLY HILL, FL 32117	N. S	TILE AME TREET ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAREY, JOHN 787 CENTER AVENUE UNIT E HOLLY HILL, FL 32117	☐ Delete 11	ITLE AME TREET ADDRESS ITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete 11	ITLE AME TREET ADDRESS ITY-S1-ZIP		•	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		N 5	ITLE AME TREET ADDRESS ITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		55555 N S	ITLE AME TREET AODRESS ITY-ST-ZIP			☐ Change	Addition
12. I hereby							