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

SIGNATURE: 4

## Apr 18, 2008 8:00 am Secretary of State DOCUMENT # S08406 04-18-2008 90040 012 \*\*\*150.00 1. Entity Name STAN'S PLUMBING, INC. Principal Place of Business Mailing Address 40072000 714 DOYCE DRIVE 714 DOYCE DRIVE FT WALTON BEACH, FL 32547-1004 FT WALTON BEACH, FL. 32547-1004 2. Principal Place of Business - No P.O. Box # 4045 ChRistophere Suite, Apt. #, e)c. 04102008 Chg-P CR2E034 (12/06) R e57 & State Applied For 4. FEI Number 59-3036717 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent Name and Address of Current Registered Agent warek JUNGER, OVETA 714 DOYCE DRIVE Street Add FT. WALTON BEACH, FL 32548 City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete IIILE Change ☐ Addition JUNGER, STANLEY NAME NAME STREET ADDRESS 714 DOYCE DRIVE STREET ADDRESS CITY-ST-ZIP FT WALTON BEACH, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition JUNGER, STEVE NAME NAME STREET ADDRESS 714 DOYCE DRIVE STREET ADDRESS CITY-ST-7IP FT WALTON BEACH, FL CITY-ST-ZIP TITLE ☐ Delete TITLE KA Change ☐ Addition NAME JUNGER, OVETA NAME 714 DOYCE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT WALTON BEACH, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Addition r Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapter 607, Florida Statutes.

**FILED** 

850-862-1239