


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # S12672 1. Entity Name TENDER PLUMBING CARE, INC.	
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Principal Place of Business 868 E. 2ND PLACE LONGWOOD, FL 32750	Mailing Address PO BOX 150097 ALTAMONTE SPRINGS, FL 32715-0097
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04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3036746	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEXTON, BETTY 868 E. 2ND PLACE LONGWOOD, FL 32750
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**DO NOT WRITE
IN THIS SPACE**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD SEXTON, DAVID 868 E 2ND PLACE LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SEXTON, BETTY 868 E. 2ND PLACE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORP, PAUL 868 E 2ND PLACE LONGWOOD, FL
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**DO NOT WRITE
IN THIS SPACE**

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04/25/07-80011-023 158.75

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: Betty Sexton (Betty Sexton) 4-11-07 407-696-7041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #