

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S12990

FILED
Apr 22, 2009
Secretary of State

Entity Name: S & S PLUMBING & MECHANICAL, INC.

Current Principal Place of Business:

% STANLEY W. SMITH
7845 PINE FOREST ROAD
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

% STANLEY W. SMITH
7845 PINE FOREST ROAD
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 59-3040670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, STANLEY W.
7845 PINE FOREST ROAD
PENSACOLA, FL 32826 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: DP () Delete
Name: SMITH, STANLEY W.
Address: 1535 SMITHFIELD LANE
City-St-Zip: CANTONMENT, FL 32533 US

Title: DST () Delete
Name: SMITH, E. ALAN
Address: 1460 SMITHFIELD LANE
City-St-Zip: CANTONMENT, FL 32533 US

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: E. ALAN SMITH

DST

04/22/2009

Electronic Signature of Signing Officer or Director

Date