2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S24825

Name:

Address:

City-St-Zip:

LEWIS, MATTHEW B

313 SE 7 ST N

BELLE GLADE, FL

Entity Name: JAY'S PLUMBING, INC.

FILED Feb 25, 2009 Secretary of State

Littly Nai	IIIE. JAISTE	DIVIDING, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P O BOX 1762 BELLE GLADE, FL 33430			280 SE AVE E BELLE GLADE, FL 33	280 SE AVE E BELLE GLADE, FL 33430	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P O BOX 1 BELLE GL	1762 ADE, FL 33430)			
FEI Number	: 65-0256608	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
965 TABIT BELLE GL The above in the State	ADE, FL 33430 named entity set of Florida.		ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU		ic Signature of Registered Age	ant	 Date	
Election Car		Trust Fund Contribution ().	STIL	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CONGLETON, J 965 TABIT ROA BELLE GLADE,	D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BAKER, LORI 965 TABIT ROA BELLE GLADE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LORI CONGLETON DIR 02/25/2009