

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90063 031 ***158.75

DOCUMENT # S54188

1. Entity Name
EWING'S PLUMBING, INC.



Principal Place of Business
**10755 S.W. 190TH STREET, UNIT #48
MIAMI, FL 33157 US**

Mailing Address
**10755 S.W. 190TH STREET, UNIT #48
MIAMI, FL 33157 US**

DO NOT WRITE IN THIS SPACE



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number **26-0638429** Applied For
65-0267046 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRESHMAN, LAWRENCE N ESQ.
9155 S. DADELAND BLVD. #1014
MIAMI, FL 33156**

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRESHMAN, JERALD A 10755 S.W. 190TH STREET, UNIT #48 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALOGA, STEPHEN 10755 S.W. 190TH STREET, UNIT #48 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EWING, RICHARD S 10755 S.W. 190TH STREET, UNIT #48 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRESHMAN, LAWRENCE N 10755 S.W. 190TH STREET, UNIT #48 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Baloga

Date

Daytime Phone #

7/28/08