## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 25, 2008 08:00 AM Secretary of State **DOCUMENT # V18095** 1. Entity Name LEW & SONS PLUMBING, INC. Principal Place of Business Mailing Address P.O. BOX 818 ONECO FL 34264 5716 8TH ST.CT.E. **BRADENTON FL 34203** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 65-0329758 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WIDNER, LEWIS C Street Address (P.O. Box Number is Not Acceptable) 5716 8TH ST. CT. E. **BRADENTON FL 34203** City Zip Code 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 Squatters, Good or prived remaind any itema need unifolie il empireation (NOTE: Registered Agent expedienc required when represented) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Ford Contribution. Added to Fees Make Check Payable to Florida Department of State **OFFICERS AND DIRECTORS** 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE ☐ Change ☐ Addition NAME WIDNER, LEWIS C. NAME STREET ADDRESS 5716 8TH ST.CT.E. STREET ADDRESS U00000835944 **BRADENTON FL 34203** CITY ST-ZIP CITY-ST-ZIP <u>006 150 00</u> TITLE Darete Change TITLE Addition NAME WIDNER, F. JAMES NAME STREET ADDRESS 5716 8TH ST.CT.E. STREET ADDRESS CITY-SI-7I? **BRADENTON FL 34203** CITY-ST-ZIP TITLE ☐ Change Addition ☐ Derete THE NAME WIDNER, TERRY E. HAME STREET ADDRESS 5716 8TH ST.CT.E. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP TITLE Delete THUE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP HILE Delete ☐ Change ■ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that may agree 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 and address, with all other like empowered.

NAME

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

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Addition

**FILED**