

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V58361

FILED
Jan 15, 2009
Secretary of State

Entity Name: AQUA DIMENSIONS PLUMBING SERVICES, INC.

Current Principal Place of Business:

1651 SW MACEDO BLVD.
PORT ST LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

1651 SW MACEDO BLVD.
PORT ST LUCIE, FL 34984 US

New Mailing Address:

FEI Number: 65-0425122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUDLUM, ROBERT JR
9733 SW SANTA MONICA DR
PALM CITY, FL 34990 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: P () Delete
Name: LUDLUM, ROBERT W JR
Address: 9733 SW SANTA MONICA DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: SV () Delete
Name: LUDLUM, LISA RENEE
Address: 9733 SW SANTA MONICA DR
City-St-Zip: PALM CITY, FL 34990

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: HOWARD, KENT TRACY
Address: 1651 SW MACEDO BV
City-St-Zip: PORT ST LUCIE, FL 34984

Title: DIR () Change (X) Addition
Name: LAFFERTY, RHONDA
Address: 1651 SW MACEDO BV
City-St-Zip: PORT ST LUCIE, FL 34984

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: LISA LUDLUM

SVP

01/15/2009

Electronic Signature of Signing Officer or Director

Date