

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 238162

FILED
Jan 04, 2008
Secretary of State

Entity Name: EAGERTON PLUMBING CO., INC.

Current Principal Place of Business:

1093 NORTH MCDUFF AVE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

1093 NORTH MCDUFF AVE
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-0904564 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EAGERTON, DANIEL G
1093 MCDUFF AVENUE NORTH
JACKSONVILLE, FL 32254 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: PD () Delete
Name: EAGERTON, DANIEL C
Address: 1093 MCDUFF AVENUE NORTH
City-St-Zip: JACKSONVILLE, FL 32254

Title: S () Delete
Name: HELMS, SAMUEL
Address: 5560 OLIVER STREET N.
City-St-Zip: JACKSONVILLE, FL

Title: EVP () Delete
Name: CLARK, THOMAS E
Address: 1518 BLAIR RD
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EAGERTON, DANIEL G
Address: 1093 MCDUFF AVENUE NORTH
City-St-Zip: JACKSONVILLE, FL 32254

Title: S (X) Change () Addition
Name: HELMS, SAMUEL L
Address: 2607 TORINO WAY
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: EVP (X) Change () Addition
Name: CLARK, THOMAS E
Address: 2546 RIVER PLACE LN
City-St-Zip: ORANGE PARK, FL 32073

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: SAMUEL L HELMS

S/T

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date