

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 238162

FILED  
Jan 06, 2010  
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  
**Name:** EAGERTON, DANIEL G  
**Address:** 1093 MCDUFF AVENUE NORTH  
**City-St-Zip:** JACKSONVILLE, FL 32254

**Title:** S  
**Name:** HELMS, SAMUEL L  
**Address:** 2607 TORINO WAY  
**City-St-Zip:** ST. AUGUSTINE, FL 32092

**Title:** EVP  
**Name:** CLARK, THOMAS E  
**Address:** 2546 RIVER PLACE LN  
**City-St-Zip:** ORANGE PARK, FL 32073

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL L HELMS

S/T

01/06/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date