

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000087079

**Entity Name:** 850 PLUMBING INC

**Current Principal Place of Business:**

4279 WALTON BRIDGE ROAD  
PONCE DE LEON, FL 32455

**Current Mailing Address:**

4279 WALTON BRIDGE ROAD  
PONCE DE LEON, FL 32455 US

**FEI Number:** 90-0522038

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SILER, ADAM D  
4279 WALTON BRIDGE ROAD  
RED BAY, FL 32455 US

*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

**Officer/Director Detail :**

Title S  
Name SILER, MARIAN D  
Address 4279 WALTON BRIDGE ROAD  
City-State-Zip: PONCE DE LEON FL 32455

Title D  
Name SILER, ADAM  
Address 4279 WALTON BRIDGE ROAD  
City-State-Zip: PONCE DE LEON FL 32455

Title COO  
Name SILER, ADAM D  
Address 4277 WALTON BRIDGE ROAD  
City-State-Zip: PONCE DE LEON FL 32455

Title PRES  
Name SILER, SHERYL L  
Address 4277 WALTON BRIDGE RD  
City-State-Zip: PONCE DE LEON FL 32455

*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:** ADAM D SILER

**COO**

**02/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date