2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 16, 2007 8:00 am Secretary of State **DOCUMENT #431563** 01-16-2007 90218 044 ***158.75 1. Entity Name MCGILL PLUMBING INC Principal Place of Business Mailing Address 111 N. MISSOURI AVE. 111 N. MISSOURI AVE. LARGO, FL 33770-3768 US LARGO, FL 33770-3768 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 59-1478702 Not Applicable Zio Country Zip 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 WOOD, ALBERT A. Street Address (P.O. Box Number is Not Acceptable) 111 N. MISSOURI AVE. LARGO, FL 33770 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. familiar with, and accept the obligations of registered agent 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete DD F Wood, Albert A 373 Windrush Loo NAME WOOD, ALBERT A. 4830 BLUE JAY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL CITY-ST-ZIP VP TITLE ☐ Delete TITLE NAME LESLIE RICHARD NAME STREET ADDRESS 1396 BAYVIEW DR STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-78P D ☐ Delete TITLE ☐ Addition Wood, Albert A. 373 Windrush Loop WOOD ALBERT NAME MASAF STREET ADDRESS 4830 BLUE JAY CIR. STREET ADDRESS PALM HARBOR, FL 34683 TARPON Springs. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition treasurer NAME NAME Leslie, Glennedda J. STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete MILE ☐ Change ■ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowering to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attacking my additional production of the corporation of t

VAR. ALBERT A. Wood

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED