

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007330

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: J. WHITEHEAD PLUMBING, INC.

**Current Principal Place of Business:**

PO BOX 27740  
LAS VEGAS, NV 89126

**New Principal Place of Business:**

**Current Mailing Address:**

12811 BEAUBIEN RD.  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 51-0531764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHITEHEAD, JASON T  
12811 BEAUBIEN RD.  
JACKSONVILLE, FL 32258 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: WHITEHEAD, JASON  
Address: 12811 BEAUBIEN RD.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: V ( ) Delete  
Name: WHITEHEAD, JOEY G  
Address: 6520 SW 116TH ST.  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JASON T WHITEHEAD

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date