2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Jan 26, 2005 8:00 am Secretary of State DOCUMENT # K10725 1. Entity Name 01-26-2005 90033 005 \*\*\*158.75 NABER PLUMBING, INC. Principal Place of Business Mailing Address % WILLIAM GERIT NABER 175 SUNSET DR. W. MELBOURNE FL 32904 175 SUNSET DR WEST MELBOURENE FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2878870 Not Applicable Zip Country 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 NABER, WILLIAM GERIT 175 SUNSET DR Street Address (P.O. Box Number is Not Acceptable) WEST MELBOURNE FL 32904 Zip Code City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NABER, WILLIAN GERIT NAME NAME STREET ADDRESS 2604 CANARY ISLES DR. STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP f Addition Change TITLE ☐ Delete TITLE WILLMM 6 NABGE JR NABER WILLIAM JR. NAME MAME STREET ADDRESS STREET ADDRESS 1210 HILLTOP CT. 1210 HILLOPCE. CITY-ST-ZIP PALM BAY FL 32909 CITY-ST-ZIP MARIM BAY FL 32989 TITLE Delete TITLE Change ☐ Addition NAME NABER, RBX NAME STREET ADDRESS STREET ADDRESS 681 MORANO COVE CITY-ST-ZIP PALM BAY FL 32909 CITY-ST-7/P HILE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST+7IP 1111 F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme JAN 21, 2005 321-724-054

SIGNATURE:

**FILED**