2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K10725

1. Entity Name

NABER PLUMBING, INC.

Principal Place of Business	Mailing Address
175 SUNSET DR. W. MELBOURNE FL 32904 US	% WILLIAM GERIT NABER 175 SUNSET DR WEST MELBOURENE FL 32904 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE   CR2E034 (10/07)

4. FEI Number **59-2878870**   Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NABER, WILLIAM GERIT 175 SUNSET DR WEST MELBOURNE FL 32904	Name — Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent until the if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PV **NAME** NABER, WILLIAN GERIT **STREET ADDRESS** 2604 CANARY ISLES DR. **CITY-ST-ZIP** MELBOURNE FL 32901	☐ Delete		**TITLE** P S **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☑ Change	☐ Addition
TITLE VT **NAME** NABER, WILLIAN JR **STREET ADDRESS** 1210 HILLTOP CT. **CITY-ST-ZIP** PALM BAY FL 32909	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change	☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change	☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change	☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change	☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 attachment with an address, with all other like empowered.

SIGNATURE: *William H Naber* – WILLIAM G. NABER   Feb 24, 2008   321-724-0504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #