


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000000121**

1. Entity Name  
**MICHAEL KOHLER PLUMBING, INC.**



Principal Place of Business  
**5985 51ST AVE. NORTH  
 KENNETH CITY, FL 33709**

Mailing Address  
**P.O. BOX 48222  
 ST. PETERSBURG, FL 33743-8222 US**

**DO NOT WRITE IN THIS SPACE**



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3690041</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BENEDICT, MICHAEL  
 13830 58TH STREET NORTH  
 410  
 CLEARWATER, FL 33760**

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR                      KOHLER, MICHAEL J                      5985 51ST AVE. NORTH                      KENNETH CITY, FL 33709</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MRS                      KOHLER, VICKI                      5985 51ST AVE. NORTH                      KENNETH CITY, FL 33709</b>
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 02/27/06-80002-016 150.00

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 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: Michael Kohl 2-13-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #