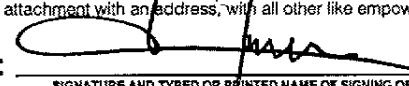


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000045313		
1. Entity Name LLONA PLUMBING, INC.		
Principal Place of Business 1806 W. ERNA DRIVE TAMPA, FL 33603		Mailing Address 1806 W. ERNA DRIVE TAMPA, FL 33603
DO NOT WRITE IN THIS SPACE		
		 02262006 No Chg-P CR2E034 (11/05)
4. FEI Number 56-2444131		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LLONA, LAUREANO 1806 W. ERNA DRIVE TAMPA, FL 33603		DO NOT WRITE IN THIS SPACE
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 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		DO NOT WRITE IN THIS SPACE
TITLE	P S	
NAME	LLONA, LAUREANO	
STREET ADDRESS	1806 W. ERNA DRIVE	
CITY - ST - ZIP	TAMPA, FL 33603	
TITLE	VP T	
NAME	LLONA, SILVIA	
STREET ADDRESS	1806 W. ERNA DRIVE	
CITY - ST - ZIP	TAMPA, FL 33603	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: 		Date <u>2/26/06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #