

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153258

FILED  
Feb 07, 2005  
Secretary of State

Entity Name: PLUMBING SUPPLY, INC.

## Current Principal Place of Business:

252 EGLIN PARKWAY  
FORT WALTON BEACH, FL 32548

## New Principal Place of Business:

252 NE EGLIN PARKWAY  
FORT WALTON BEACH, FL 32547

## Current Mailing Address:

P.O. BOX 96  
FORT WALTON BEACH, FL 32549

## New Mailing Address:

FEI Number: 06-1734445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POLSON, STANLEY M  
252 EGLIN PARKWAY  
FORT WALTON BEACH, FL 32548 US

## Name and Address of New Registered Agent:

POLSON, STANLEY M  
252 NE EGLIN PARKWAY  
FORT WALTON BEACH, FL 32547 US

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:

02/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: POLSON, STANLEY M  
Address: P.O. BOX 96  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P ( ) Change (X) Addition  
Name: POLSON, STANLEY M  
Address: P.O. BOX 96  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: V ( ) Change (X) Addition  
Name: PARR, CHRISTA  
Address: 5120 GALLIVER CUT-OFF  
City-St-Zip: BAKER, FL 32531

Title: S ( ) Change (X) Addition  
Name: PARR, CHRISTA  
Address: 5120 GALLIVER CUT-OFF  
City-St-Zip: BAKER, FL 32531

Title: T ( ) Change (X) Addition  
Name: POLSON, STANLEY M  
Address: P.O. BOX 96  
City-St-Zip: FORT WALTON BEACH, FL 32549

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: STANLEY M. POLSON

P

02/07/2005

Electronic Signature of Signing Officer or Director

Date