


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P04000153258</b> 1. Entity Name <b>PLUMBING SUPPLY, INC.</b>	
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FILED  
05 JUL 27 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 252 NE EGLIN PARKWAY FORT WALTON BEACH, FL 32547	Mailing Address P.O. BOX 96 FORT WALTON BEACH, FL 32549
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 06-1734445	Applied For Not Applicable
Zip	Country	Zip	Country



07142005 Chg-P CR2E034 (10/03)

<b>6. Name and Address of Current Registered Agent</b>  POLSON, STANLEY M 252 NE EGLIN PARKWAY FORT WALTON BEACH, FL 32547	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	D POLSON, STANLEY M P.O. BOX 96 FORT WALTON BEACH, FL 32549 <input type="checkbox"/> Delete	TITLE NAME	V POLSON, BRIAN P.O. BOX 96 FORT WALTON BEACH, FL 32549 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	P POLSON, STANLEY M P.O. BOX 96 FORT WALTON BEACH, FL 32549 <input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	V PARR, CHRISTA 5120 GALLIVER CUT-OFF BAKER, FL 32531 <input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500058303495 08/05/05--01066--019 **\$61.25
TITLE NAME	S PARR, CHRISTA 5120 GALLIVER CUT-OFF BAKER, FL 32531 <input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	T POLSON, STANLEY M P.O. BOX 96 FORT WALTON BEACH, FL 32549 <input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

08/13

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** *Stanley M. Polson* **Stanley M. Polson** **7/25/05** **(850)685-5004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #