## 2006 FOR PROFIT CORPORATION ... ANNUAL REPORT (AR)

| DOCUMENT # P94000015351 1. Entity Name     |   |  |                                   |  | Feb 16, 2006 08:00 AM<br>Secretary of State |                                  |                  |                          |                             |
|--|---|--|-----------------------------------|--|---|----------------------------------|------------------|--------------------------|-----------------------------|
| K & C PL                                   | UMBING SERVICES INC.  |  | <b>}</b>                          |  |   |                                  |                  |                          |                             |
| Principal Plac                             | e of Business   | Mailing Address                            |                                   |  |   |                                  |                  |                          |                             |
| 418 CROSSWINDS DR.<br>PALM HARBOR FL 34683 |   | 418 CROSSWINDS DR.<br>PALM HARBOR FL 34683 |                                   |  |   |                                  |                  |                          |                             |
| 2. Principal Place of Business             |   | 3. Mailing Address                         |                                   | 1 184  | 000   00  00  00  00  00  00  00  0         | 8831 881 <b>8</b> 3 1991         | ENERS NAME ON BY | PRIDEL II IBBL           |                             |
| Suite, Apt. #, etc.                        |   | Suite, Apt. #, etc.                        |                                   | ts   | t MOORE                                     | CR2E034                          | (10/05)          |                          |                             |
| City & State                               |   | City & State                               |                                   |  | 4. FEI Numb                                 | 65-047602                        | 7                | <u> </u>                 | pplied For<br>at Applicable |
| Zìp  | Country   | Zıp  | }                                 |  | 5. Certificate                              | e of Status Desired              |                  | \$8.75 Ad<br>Fee Require |                             |
|  | 6. Name and Address of Current  | Registered Agent                           |                                   | Name   | 7. Name and                                 | d Address of New F               | egistered A      | gent                     |                             |
| CHE  | RISTODOULOU, MARIOS<br>CROSSWINDS DR.   | -  |                                   | Street Address (P.O. Box Number is Not Acceptable) |   |                                  |                  |                          |                             |
|  | M HARBOR FL 34683   |  |                                   |  |   |                                  |                  | <u></u>                  |                             |
|  |   |  |                                   | City   | ···   |                                  | FL               | Zip Cod                  | de                          |
|  | named entity submits this statement to  | r the purpose of changing its              | registered                        | d office or register                               | ed agent, or bo                             | oth, in the State of Fl          |                  | amiliar with             | , and accep                 |
| SIGNATURE .                                |   | -  |                                   |  |   |                                  |                  |                          |                             |
|  | Signature, typed or profest name of registered agent  | and two if applicable (NOTE                | E Registored ,                    | Agent signature required                           | when rainstaling)                           |                                  | DATE             |                          |                             |
| After                                      | ILE NOW!!  FEE IS \$150.00<br>May 1, 2006 Fee Will Be \$550.00<br>k Payable to Florida Department o   | State                                      |                                   |  |   | Election Camp     Trust Fund Cor | _                |                          | .00 May Filed to Fees       |
| 10.  | OFFICERS AND  |  | 11.                               | ·  | ADDITIONS                                   | CHANGES TO OFF                   | ICERS AND        | DIRECTOR                 | · · · · · · ·               |
| NAME STREET ADDRESS CITY-ST-ZIP            | P<br>CHRISTODOULOU, MARIOS<br>418 CROSSWINDS DR<br>PALM HARBOR FL   | ☐ Delote                                   | TITLE<br>HAME<br>STREET<br>CITY-S | T ADORESS  |   | U000004<br>02/28/06-8            | 36678<br>0011-00 | Change<br>.2 150         | □ A4880<br>00               |
| TITLE                                      | D   | ☐ Delete                                   | साप                               |  |   |                                  | <del>,</del>     | ☐ Change                 | Addili                      |
| NAME<br>STREET ADDRESS<br>CITY- ST ZIP     | CHRISTODOULOU, SOTEROULA<br>418 CROSSWINDS DR   |  | MAME<br>STREET                    | T ADDHESS  |   |                                  |                  |                          |                             |
| TRILE                                      | PALM HARBOR FL 34683  | ☐ Delete                                   | TITLE                             | 5)-11  |   |                                  |                  | ☐ Change                 | □ Aff                       |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP      |   |  |                                   | I ADDRESS  |   |                                  |                  |                          |                             |
| TITLE                                      |   | ☐ Delete                                   | CHY-S<br>TITLE                    | 51-289   |   |                                  |                  | Change                   | Action                      |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP      |   | ••••                                       | NAME                              | T ADDRESS  |   |                                  |                  | wight                    | <u>.,</u> .                 |
| TITLE NAME STREET ADDRESS CITY-ST-2IP      |   | ☐ Delete                                   | TITLE<br>MAME                     | T ADDRESS  |   |                                  |                  | ☐ Change                 | □ Milit                     |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP      |   | ☐ Delcte                                   | TITLE<br>NAME                     | ADDRESS  |   |                                  |                  | Change                   | □ Address                   |
| of the co                                  | oertily that the information supplied wit<br>on this report or supplemental report is<br>rporation or the receiver or trustee emp<br>ed, or on an attachment with an addres | s true and accurate and that repor         | for the exemy signature           | emptions comaine                                   | esma lanal atta                             | rahau aham 1) sa ta              | naih (hati a     | im on Affica             | e ar diracia.               |

**FILED** 

SIGNATURE Stevelor Christosopolou SOTEROULA CHRISTODOULOU 2/13/06 (727)94226.