


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90084 032 \*\*\*150.00

<b>DOCUMENT # P94000042198</b>			
1. Entity Name <b>JAMES K. MCSTRAVIC PLUMBING, INC.</b>			
Principal Place of Business <b>1757 NW 26TH AVENUE CAPE CORAL, FL 33993 US</b>		Mailing Address <b>1757 N W 26TH AVENUE CAPE CORAL, FL 33993 US</b>	
2. Principal Place of Business <b>1751 NW 26th Ave</b>		3. Mailing Address <b>1751 NW 26th Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Cape Coral FL</b>		City & State <b>Cape Coral FL</b>	
Zip <b>33993</b>		Country <b>Lee</b>	
4. FEI Number <b>65-0504027</b>		Applied For <input type="checkbox"/> 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 <b>MCSTRAVIC, JAMES K 1757 N W 26TH AVENUE CAPE CORAL, FL 33993</b>		7. Name and Address of New Registered Agent Name <b>James K. McStravic</b> Street Address (P.O. Box Number is Not Acceptable) <b>1751 NW 26th Ave</b> City <b>Cape Coral FL</b> Zip Code <b>33993</b>	
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: <u>James K. McStravic</u> DATE: <u>4/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCSTRAVIC, JAMES K 1757 N W 26TH AVENUE CAPE CORAL, FL 33993 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP James K. McStravic 1751 NW 26th Ave Cape Coral FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MCSTRAVIC, LINDA 1757 NW 26TH AVENUE CAPE CORAL, FL 33993 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST Linda McStravic 1751 NW 26th Ave Cape Coral FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>James K. McStravic</u>		Date: <u>4/12/06</u> Daytime Phone #: <u>850-6001</u>	

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