


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000055864</b> 1. Entity Name ALWAYS PLUMBING COMPANY	
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Principal Place of Business 1025 JUNIPER AVE NICEVILLE, FL 32578 US	Mailing Address P O BOX 1101 NICEVILLE, FL 32588 US
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01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3461277	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  FRANCIS, ROBERT L 1025 JUNIPER AVE. NICEVILLE, FL 32578.
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

000000227357  
02/12/05-80052-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO FRANCIS, ROBERT L PO BOX 1101 NICEVILLE, FL 325881101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, LARRY PO BOX 1101 NICEVILLE, FL 325881101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALVO, E. GUS 1523 ROYAL PALM DRIVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Francis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-05 850-678-9517  
Date Daytime Phone #