

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 410887

FILED  
Feb 02, 2006  
Secretary of State

Entity Name: OSCEOLA PLUMBING SUPPLIES & WELL DRILLING CORP.

**Current Principal Place of Business:**

555 THIRD ST.  
HOLLY HILL, FL 321174361

**New Principal Place of Business:**

**Current Mailing Address:**

555 THIRD ST.  
HOLLY HILL, FL 321174361

**New Mailing Address:**

FEI Number: 59-1420604      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FANT, ANDREW  
16 VILLAGE DRIVE  
ORMOND BEACH, FL 32174      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      (X) Delete  
Name: FANT, DONNA J,  
Address: 252 RIVERBEND ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: DP      (X) Delete  
Name: FANT, SAMUEL J., SR.,  
Address: 252 RIVERBEND ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP      ( ) Delete  
Name: FANT, SAMUEL J., JR.,  
Address: 1112 NORTHSIDE DR.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: P      ( ) Delete  
Name: FANT, ANDREW D  
Address: 16 VILLAGE DR.  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANDREW FANT

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

02/02/2006

\_\_\_\_\_ Date