2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

May 02, 2005 08:00 AM Secretary of State DOCUMENT # 231985 1. Entity Name MYERS PLUMBING CO., INC. Principal Place of Business Mailing Address 705 BOND WAY 705 BOND WAY SUITE B DELRAY BEACH FL 33483 SUITE B DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-0901125 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLACK, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 705 BOND WAY SUITE B DELRAY BEACH FL 33483 City Zip Code 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 little if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 \$5,00 May B. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. ☐ Change Addition | PD ☐ Delete TITLE THE U00000352862 Change 05/03/05-80044-018 150.00 BLACK, WILLIAM E NAME STREET ADDRESS 705 BOND WAY STREET ADDRESS DELRAY BEACH FL 33483 CHY-ST-ZIP CHY-SI-ZIP HILE ☐ Change Additio ☐ Delete THILL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Dif.SI-JB ☐ Change Admit. LITLE THE Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Additio HILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-7IP CJJY-SJ-ZIP Addish ☐ Delete TiTiF ☐ Change THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CHY-ST-ZP THEE ☐ Delete DITE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 direction 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

FILED

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