2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND T

DOCUMENT # 271487 Feb 04, 2005 08:00 AM 1. Entity Name Secretary of State COKER PLUMBING OF HOMESTEAD, INC. Principal Place of Business Mailing Address 29120 S DIXIE HWY HOMESTEAD FL 33033 16380 SW 288 ST. HOMESTEAD FL 33033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1032313 Not Applicable Zip Ζp Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COKER, JOHN E 16380 SW 288 ST. Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33033 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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE 🔲 Delete nnrChange Addition COKER, JOHN E NAME NAME U0000<mark>0215</mark>523 02/05/05-80012-013 150.00 STREET ADDRESS 16380 SW 288 ST STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33033 CITY-ST-ZIP ST HILLE Delete JIJĮ\$ ☐ Change Addition NAME COKER, CHARLENE NAME STREET ADDRESS 16380 SW 288 ST. STREET ADDRESS CITY-ST-7IP HOMESTEAD FL 33033 CITY-ST-ZIP ☐ Change Delete ☐ Addition THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED