2008 FOR PROFIT CORPORATION

Mar 31, 2008 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT #272909** 03-31-2008 90005 045 ***158 75 CAMERON BROS. PLUMBING CO., INC. Principal Place of Business Mailing Address 1525 FOUNDATION PARK BLVD SE Malabar, FL 32950 US P.O. BOX 500929 MALABAR, FL 32950-0929 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112008 CR2E034 (12/06) City & State City & State 4. FFI Number Applied For 59-1028549 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMERON, RICHARD E JR Street Address (R.O. Box Number is Not Acceptable) 650 HALL RD. MALABAR, FL 32950 CityValkaria Zip Code 3 よ 9 5 つ 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 RICHARD E. CAMERUN JR. PRESIDENT 3/27/08 Comorus FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDST TITLE ☐ Delete TITLE Cameron, Richard E. Jr. NAME CAMERON, RICHARD E JR NAME 3935 Ponderosa Rd STREET ADDRESS 650 HALL ROAD STREET ADDRESS Valkaria FL 31950 MALABAR, FL 32950 CITY-ST-71P CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition CAMERON, RICHARD E NAME NAME STREET ADDRESS 650 HALL ROAD STREET ADDRESS MALABAR, FL 32950 CITY-ST-ZIP CITY-ST-7/P TITLE _ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TILE TITLE ☐ 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 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.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

☐ Delete

SIGNATURE: A

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Change

Addition

FILED