2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 273082

Address:

City-St-Zip:

110 SUNAIRE TERRACE

NOKOMIS, FL

Entity Name: BABE'S PLUMBING, INC

FILED Apr 27, 2005 Secretary of State

	er bable	LOWBING, INC.			
Current P 140 E. MIA VENICE, F	AMI	e of Business:	New Principal Place	e of Business:	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
140 E. MIA VENICE, F					
FEI Number: 59-1023892 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired (X)		
Name and	l Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
240 S NOI VENICE, F		S			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (DALTON, JOSI 1218 VERMEE NOKOMIS, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AT (DALTON, TERI 12184 PERIDA SAINT LOUIS,	COURT #C	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VST (DALTON, PATE 118 SUNAIRE NOKOMIS, FL	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (DALTON, MICH 405 FAUN RD. VENICE, FL) Delete IAEL L,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	AS (BARBARA, SW) Delete /INK	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address: City-St-Zip:

SIGNATURE: JOSEPH P. DALTON P 04/27/2005