


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90051 035 \*\*\*150.00

**DOCUMENT # 312436**  
 1. Entity Name  
**MORRIS BENNETT PLUMBING SERVICE, INC.**



Principal Place of Business      Mailing Address  
 1410 EDGAR STREET      1410 EDGAR STREET  
 WEST PALM BEACH, FL 33401      WEST PALM BEACH, FL 33401

40001140



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

01042007      Chg-P      CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**WOOD, JACKE M**  
**4260 CHUKKER DR**  
**WEST PALM BEACH, FL 33406**

7. Name and Address of New Registered Agent  
 Name JACK M. WOOD  
 Street Address (P.O. Box Number is Not Acceptable)  
4260 CHUKKER DRIVE  
 City WEST PALM BEACH      FL      Zip Code 33406

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 Jack M. Wood      JACK M. WOOD      1/5/07  
(NOTE: Registered Agent signature required when reissuing)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, MORRIS 1213 LONGWOOD ST. WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, JACK M 4260 CHUKKER DRIVE WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Jack M. Wood      JACK M. WOOD      1/5/07      (561) 832-0801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #