


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 321128</b>	
1. Entity Name <b>BILLY THE SUNSHINE-PLUMBER OF ST. PETERSBURG, INC</b>	

Principal Place of Business <b>6335 HAINES ROAD N ST. PETERSBURG, FL 33702 US</b>	Mailing Address <b>6335 HAINES ROAD N ST. PETERSBURG, FL 33702 US</b>
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**DO NOT WRITE IN THIS SPACE**



07072006 No Chg-P CR2E034 (11/05)

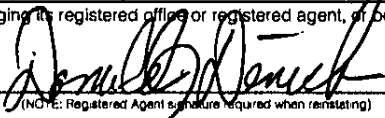
4. FEI Number <b>59-1172109</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DENICK, DONALD J.  
6335 HAINES ROAD NORTH  
ST PETERSBURG, FL 33702**

**DO NOT WRITE IN THIS SPACE**

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 **Donald J. Denick**  07/11/06-80028-014 158.75  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **7/7/06**


<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>DENICK, DONALD J.</b>
NAME	
STREET ADDRESS	<b>11000 60TH STREET NORTH</b>
CITY-ST-ZIP	<b>PINELLAS PARK, FL 33782</b>
TITLE <b>VPD</b>	<b>DENICK, JOANNE M.</b>
NAME	
STREET ADDRESS	<b>11000 60TH ST N</b>
CITY-ST-ZIP	<b>PINELLAS PARK, FL 33782</b>
TITLE <b>STD</b>	<b>DENICK, MADELYON M.</b>
NAME	
STREET ADDRESS	<b>4581 85TH TERRACE, NORTH</b>
CITY-ST-ZIP	<b>PINELLAS PARK, FL 33781</b>
TITLE <b>T</b>	<b>DENICK, SCOTT A.</b>
NAME	
STREET ADDRESS	<b>4581 85TH TERRACE NORTH</b>
CITY-ST-ZIP	<b>PINELLAS PARK, FL 33781</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: **Donald J. Denick**  7/7/06 727-526-2313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #