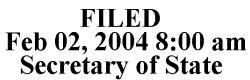
2004 FOR PROFIT CORPORATION



ANNOAL KLI OKI					₁ Secretary of State			
DOCUMENT # 342558 1. Entity Name RECKWERDT PLUMBING, INCORPORATED						4 90034 042 ***15		
Principal Place of Business 6030 ESTERO BLVD FORT MYERS BEACH, FL 33931		Mailing Address 6030 ESTERO BLVD FORT MYERS BEACH, FL 33931						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132004	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number 59-1266		<u> </u>	pplied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New I	Registered Agent		
RECKWERDT, THEODORE A 6030 ESTERO BLVD FORT MYERS BEACH, FL 33931			1.	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	e	
FILI	Signature, typed or printed name of registered agent at ENOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib	oution. -	\$5.00 May Be Added to Fees		DATE		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RECKWERDT, THEODORE A 6030 ESTERO BLVD FORT MYERS BEACH, FL 3393	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RECKWERDT, JOHN 6030 ESTERO BLVD FT MYERS BCH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RECKWERDT, JOELLYN 6030 ESTERO BLVD FT MYERS BCH, FL	Delete					; Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	portify that the information supplied with	□ Delete ,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	in Spotion 118 07/31/	() Florida Statutos	Change	Addition	

I nereby 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.

SIGNATURE: