


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 444076 1. Entity Name R.C. LINDSEY PLUMBING, INC.	
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Principal Place of Business SOUTH US 16368 SE HELD CT STUART FL 34997	Mailing Address SOUTH US 16368 SE HELD CT STUART FL 34997
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number Applied For 59-1507355 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent LITTMAN, SHERLOCK, AND HIEMS 618 E OCEAN BLVD STE 5 STUART FL 34994	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> Delete
NAME	WHITING, EUGENE
STREET ADDRESS	SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP	STUART FL 33494
TITLE	T <input type="checkbox"/> Delete
NAME	VOLLMER, ALAN
STREET ADDRESS	6368 SE HELD CT
CITY-ST-ZIP	STUART FL 34997
TITLE	P <input type="checkbox"/> Delete
NAME	LINDSEY, MONA H
STREET ADDRESS	SOUTH FEDERAL HWY
CITY-ST-ZIP	STUART FL
TITLE	S <input type="checkbox"/> Delete
NAME	LINDSEY, KEN
STREET ADDRESS	SOUTH FEDERAL HWY
CITY-ST-ZIP	STUART FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

1100000407833
02/08/06-80037-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: M. Lindsey 1/27/06 772-287-4631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #