


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 444076
 1. Entity Name
 R.C. LINDSEY PLUMBING, INC.



Principal Place of Business: SOUTH US 16368 SE HELD CT, STUART, FL 34997
 Mailing Address: SOUTH US 16368 SE HELD CT, STUART, FL 34997.

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-1507355
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LITTMAN, SHERLOCK, AND HIEMS
 618 E OCEAN BLVD STE 5
 STUART, FL 34994

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

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

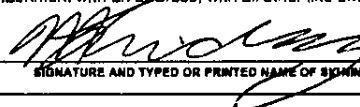
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WHITING, EUGENE SOUTH FEDERAL HIGHWAY STUART, FL 33494 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T VOLLMER, ALAN 6368 SE HELD CT STUART, FL 34997 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LINDSEY, MONA H SOUTH FEDERAL HWY STUART, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LINDSEY, KEN SOUTH FEDERAL HWY STUART, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

01/10/07 08:00 AM 150.00

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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:  DATE: 1/4/06 DAYTIME PHONE #: 772-287-4637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR