## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Jul 27, 2006 08:00 AM **DOCUMENT # 453967 Secretary of State** 1. Entity Name DYSER PLUMBING COMPANY Principal Place of Business Mailing Address 4312 OAKHURST TERRACE 4312 OAKHURST TERRACE **TAMPA FL 33624 TAMPA FL 33624** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-1568359 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DYSER, RONALD L Street Address (P.O. Box Number is Not Acceptable) 4312 OAKHURST TERRACE TAMPA FL 33624 City Zip Code 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME DYSER, RONALD 000000572435 STREET ADDRESS 4312 OAKHURST TERRACE STREET ADDRESS 07/27/08-80006-015 550.00 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33624** ☐ Change Addition VST ☐ Defete TITLE DYSER, SYLVIA NAME STREET ADDRESS STREET ADDRESS 4312 OAKHURST TERRACE CITY-ST-ZIP CITY - ST- ZIP TAMPA FL 33624 ☐ Change TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: SIGNATURE AND TYPEOOR BANKED NAME OF SIGNING OFFICER OR DIRECTOR 6/13/06 (8/3) 933-822-