2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006
Secretary of State

DOCUMENT# 532997

Entity Name: FITZPATRICK PLUMBING, INC.

Current Principal Place of Business:

4042 SUNRISE BLVD.
FT PIERCE, FL 349822117

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12117
FT. PIERCE, FL 349792117

New Mailing Address:

FEI Number: 59-1732902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FITZPATRICK, STEPHEN C.
4042 SUNRISE BVLD.
FT. PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	(X) Delete
Name:	FITZPATRICK, GERALDINE	
Address:	2910 GROVE DR.	
City-St-Zip:	FORT PIERCE, FL 34981	
Title:	PRES	( ) Delete
Name:	FITZPATRICK, STEPHEN C	
Address:	4042 SUNRISE BLVD.	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:	ST	( ) Delete
Name:	WILSON, KAREN F	
Address:	395 E. MIDWAY RD.	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:	D	(X) Delete
Name:	FITZPATRICK, GRADY C	
Address:	2910 GROOVE DR.	
City-St-Zip:	FORT PIERCE, FL 34981	
Title:	D	( ) Delete
Name:	BUTCHER, GRADY	
Address:	4042 SUNRISE BLVD	
City-St-Zip:	FORT PIERCE, FL 34982	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN F. WILSON ST 03/01/2006

Electronic Signature of Signing Officer or Director — Date