
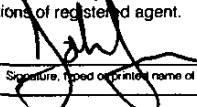
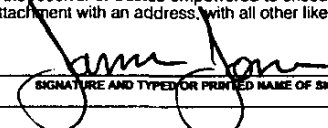


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90051 029 ***150.00

DOCUMENT # 544177					
1. Entity Name JOHN JONES PLUMBING SPECIALIST INC.					
Principal Place of Business 6471 TAFT STREET HOLLYWOOD, FL 33024 US			Mailing Address 6471 TAFT STREET HOLLYWOOD, FL 33024 US		
2. Principal Place of Business 5041 S State Road 7			3. Mailing Address 5041 S State Road 7		
Suite, Apt. #, etc. # 422			Suite, Apt. #, etc. # 422		
City & State DAVIE, FLORIDA			City & State DAVIE, FL		
Zip 33314		Country USA		Zip 33314	
		Country USA		4. FEI Number 59-1767324	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JONES, JOHN 6471 TAFT STREET HOLLYWOOD, FL 33024				7. Name and Address of New Registered Agent Name JOHN JONES Street Address (P.O. Box Number is Not Acceptable) 5041 S State Road 7 #422 City Davie FL Zip Code 33314	
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  John Jones DATE 2/1/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, JAMES 6471 TAFT STREET HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BS James Jones 5041 S State Road 7 #422 Davie, FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  James Jones			DATE 2/1/06 Daytime Phone # 954-966-6834		