2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 20, 2006 08:00 AM **DOCUMENT # 549398** Secretary of State 1. Entity Name GULF SHORES PLUMBING, INC. Principal Place of Business .\_ Mailing Address 10485 CIRIMOYA LANE SEMINOLE FL 33772 10465 CIRIMOYA LANE SEMINOLE FL 33772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1803389 Not Applicate Zφ Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIANCO, SALVATORE C. Street Address (P.O. Box Number is Not Acceptable) 10485 CIRIMOYA LN. SEMINOLE FL 34642 Crty 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 acceptable to the purpose of changing its registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable DATE (NOTE Registored Agent signature recound when teinslating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE THEF ☐ Change ☐ Addition ☐ Delete NAME BIANCO, SALVATORE C NAME STREET ADDRESS 10485 CIRIMOYA LN. STREET ADDRESS COTY-SI-ZIP SEMINOLE, FL 00000 CITY-ST-ZIP ☐ A.S. \*\*\* Delete ☐ Channe TITLE THE MARKE NAME BIANCO, KATHLEEN STREET ADDRESS STREET ADDRESS 10485 CIRIMOYA LN. 1100000474369 CITY-ST-ZIP SEMINOLE, FL 00000 CHY-ST-ZIP 04/04/06-80020-017 150.00 TITLE ☐ Delete fille ☐ Change □ ACC NAME NAME STREET AUDRESS STREET ADDRESS C(TY-\$T-Z)(\* CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Admi NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zip 817Y-87-20P ☐ Delete □ Change Mar Aria NAME STREET ADDRESS STREET ADDRESS CHTY-ST-76 CITY-ST-ZIP

**FILED** 

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 direction of the corporation of 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 1 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Sahrator C. Birkico 3-17-06 127-397-3218