

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90056 045 \*\*\*150.00

<b>DOCUMENT # 570885</b> 1. Entity Name <b>JACKSON PLUMBING, INC.</b>																																							
Principal Place of Business <del>7308 56ST. NORTH</del> <del>PINELLAS PARK, FL 33781-4207 US</del>			Mailing Address <del>7308 56ST. NORTH</del> <del>PINELLAS PARK, FL 33781-4207 US</del>																																				
2. Principal Place of Business <b>6947 Land O'Lakes Blvd</b> Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 2660</b> Suite, Apt. #, etc.																																				
City & State <b>Land O'Lakes, FL</b> Zip <b>34638</b>		City & State <b>Land O'Lakes, FL</b> Zip <b>34639</b>		4. FEI Number <b>59-1838487</b>																																			
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																			
6. Name and Address of Current Registered Agent <b>JACKSON, JAMES E.</b> <del>7308 56TH ST N</del> <del>PINELLAS PARK, FL 33781-4207</del>				7. Name and Address of New Registered Agent Name <b>James E. Jackson</b> Street Address (P.O. Box Number is Not Acceptable) <b>6947 Land O'Lakes Blvd.</b> City <b>Land O'Lakes</b> State <b>FL</b> Zip Code <b>34638</b>																																			
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 <b>James E. Jackson President</b> DATE <b>02/07/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PD</b>  <b>JACKSON, JAMES E</b>  <del>7308 56 ST. NO</del>  <del>PINELLAS PARK, FL 33781-4207</del> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JACKSON, JAMES E</b> <del>7308 56 ST. NO</del> <del>PINELLAS PARK, FL 33781-4207</del>		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>6947 Land O'Lakes Blvd.</b>  <b>Land O'Lakes, FL 34638</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6947 Land O'Lakes Blvd.</b> <b>Land O'Lakes, FL 34638</b>														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <b>02/07/05</b> Daytime Phone # <b>813-995-2302</b>																																				