
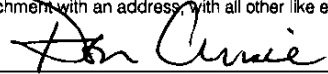


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90010 036 \*\*\*150.00

<b>DOCUMENT # 577414</b> 1. Entity Name <b>QUALITY PLUMBING, INC. OF TALLAHASSEE</b>					
Principal Place of Business <b>1560 CAPITAL CIRCLE NW SUITE 16 TALLAHASSEE, FL 32303</b>			Mailing Address <b>1560 CAPITAL CIRCLE NW SUITE 16 TALLAHASSEE, FL 32303</b>		
2. Principal Place of Business <b>3647 Hartsfield Road</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>Tallahassee, FL 32303</b>		City & State  		4. FEI Number <b>59-1861283</b>	
Zip 	Country 	Zip 	Country 	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAMBERT, HENRY &amp; CURRIE, DON RT. 3, BOX 4089 HAVANA, FL 32333</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable) <b>47 River Court</b>  City <b>Crawfordville</b> <b>FL</b> Zip Code <b>32327</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b> NAME <b>LAMBERT, HENRY</b> STREET ADDRESS <b>RT. 2, BOX 385-17</b> CITY-ST-ZIP <b>CRAWFORDVILLE, FL</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS <b>47 River Court</b> CITY-ST-ZIP <b>Crawfordville, FL 32327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME <b>V</b> STREET ADDRESS <b>CURRIE, DON</b> CITY-ST-ZIP <b>RT. 3 BOX 4089</b> <b>HAVANA, FL</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS <b>50 Bert Ridge Rd</b> CITY-ST-ZIP <b>Havana, FL 32333</b>	<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	
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	
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.					
<b>SIGNATURE:</b> 			3/1/06 <b>850-575-0129</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					