2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 08, 2007 8:00 am **Secretary of State DOCUMENT # 598028** 03-08-2007 90019 028 ***150.00 JOHNNY JONES PLUMBING, INC. Principal Place of Business Mailing Address 456 DELEON AVE ORLANDO FL 32805 456 DELEON AVE ORLANDO FL 32805 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1864646 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent lones JONES, LISA B Street Address (P.O. Box Number is Not Acceptable) 3444 S LAKE BUTLER BLVD WINDERMERE FL 34786 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 agen SIGNATURE igent and title r applicable. (NOTE: Registered Agent signature redured when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete DILLE Change Addition JONES, JOHNNY G NAME NAMI 1134 LK BLANCHE DR. STRUCT ADDRESS. STREET LADDRESS ORLANDO FL 32806 CITY S1-ZIP CITY+ST ZIP IIILE ☐ Delete THE Yresident Addition JONES, LINDSEY S Lindsey S. Jones NAMI: 3444 S LAKE BUTLER BLVD 3348 S. LAKE Butter Blud. STREET ADDRESS STREET ADDRESS WINDERMERE FL 34786 CITY ST-7IP CHY-S1 ZIP Windamere THAT Delete IIII V. Pres. Lisa B. Jones JÖNEŚ, LISA B NAME NAME 3348 S. LK-Butter Blud. 3444 \$ LAKE BUTLER BLVD STREET ADDRESS STREET ADDRESS Winderment Fr 34786 CHY-SE-ZIP WINDERMERE FL 34786 CHY-SI-ZIP ☐ Delete ☐ Change Addition Christopher J Jones 3348 S. UK. Butler Blvd. Windermere R 34786 NAME STREET ADDRESS STREET LADORESS CITY ST-ZIP CHY SI 7IP ☐ Delete HILL THE Change ■ Addition MAME NAMI STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY ST-ZIP fift ☐ Delete TITLE Change ■ Addition NAME NAMI. STREET ADDRESS STREET ADDRESS CHY SL-7IP CITY - ST - ZIP 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 roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

FILED