2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 10, 2006 08:00 AM **DOCUMENT # 653025 Secretary of State** 1. Entity Name RENS PLUMBING, INC. Principal Place of Business Mailing Address 399 CENTRAL FL PKWY 399 CENTRAL FL PKWY ORLANDO FL 32824-7604 US ORLANDO FL 32824-7604 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 59-1977315 Not Applical Zip Country Country \$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 BERKSON, GARY M Street Address (P.O. Box Number is Not Acceptable) MORAN & SHAMS, P.A. 111 N. ORANGE AVE. STE 1200 ORLANDO FL 32801 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed harre of registered agent and line if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PSDT ☐ Delete TIFLE ☐ Change 🔲 Addilla U00000462288 03/21/06-80029-804 150.00 NAME RAZZANO, ROBERT M. MAME STREET ADORESS 15130 ARABIAN WAY STREET ADDRESS CITY-ST-ZIP MT VERDE FL CRY-ST-ZIP DILLE □ Delete TITLE Спапре Aspenie NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP TITLE Delete ☐ Change Artico: MAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-292 THILE ☐ Delete HRE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Detete TJT) F Change Addition NAME STANKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP TITLE □ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CCTY-ST-ZW

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 five 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 conjugation 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:

ROBERTRATTANO

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FILED