## **FILED** Feb 09, 2006 08:00 AN Secretary of State

ANNUAL REPORT	HU
DOCUMENT # 839506	
1. Entity Name WOODHAM PLUMBING CO., INC.	

Principal Place of Business

222 OPPERT RD DOTHAN, AL 36301 Mailing Address

PO BOX 1912 DOTHAN, AL 36301

US



DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0667342

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, THOMAS C. 115 NORTH JEFFERSON STREET MARIANNA, FL 32446

WOODHAM, STANLEY H.

DOTHAN, AL

2112 SHADY BROOK LANE

## DO NOT WRITE IN THIS SPACE

				IIV I	TIIIO OI AGE	
	named entity submits this statement for the plons of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bot	th, in the State of Florida. I am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE: Registere	ed Agent signature	required when reinstalling)	DATE	<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000427015 02/20/06-80059-025	150.00
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODHAM,JOHN HUGH 449 WOODHAM RD. ASHFORD, AL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODHAM, S. PAUL 105 OAKVIEW DR DOTHAN, AL				_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WOODHAM, JEWEL DEAN 449 WOODHAM RD. ASHFORD, AL			DO	NOT WRITE	:

IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify indicated on this report or supplemental report is true and accurate and the for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information Alat my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver of

SIGNATURE:

TITLE

TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP