2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 31, 2007 08:00 AM **DOCUMENT # 851533 Secretary of State** 1. Entity Namo FRANKENMUTH PLUMBING & HEATING, INC. Mailing Address 17281 ALICO CENTER RD 17281 ALICO CENTER RD SUITE #2 SUITE #2 FT MYËRS FL 33912 US FT MYERS FL 33912-6019 ÜŚ 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (10/06) 1st MOORE City & State City & State 4. FEI Number Applied For 38-1908827 Not Applicable Ζıp 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 SHORT, DONALD G. 17281 ALICO CENTER RD STE 2 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33912 City 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 name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. U00000612714 Change TITLE Delete III CLEMONS, WILLIAM NAME NAME 02/05/07-80011-008 158.75 17281-2 ALICO CENTER RD STREET ADDRESS STREET ADDRESS FT MYERS FL CITY-ST-ZIP CITY-ST-ZIP PTD HHE Delete ☐ Change Addition TOTE SHORT, DONALD G NAME NAME 17281 ALICO CENTER RD 2 SINEET ADDRESS STREET ADDRESS FT MYERS FL 33912 CHY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition SHORT, MARK NAME NAMI, 7660 MEILKE RD STREET ADDRESS STREET ADDRESS FREELAND MI 00000 CITY-ST-7IP CITY - ST-ZIP Deiete Hir ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C11Y-S1-7IP CITY-ST-ZIP THE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP TITLE DHE ☐ Change ☐ Delete Addition NAME NAMI^{*}

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-SI-ZIP

SIGNATURE: SIGNATURE AND TYPED O Donald G. Short

STREET ADDRESS

CITY+ST-ZIP