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Feb 28, 2006 8:00 am
Secretary of State
02-28-2006 90014 005 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00898

1. Entity Name
DAVE KALM PLUMBING, INC.

50000446

01202006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
8185 CANAVERAL BLVD. CAPE CANAVERAL, FL 32920	8185 CANAVERAL BLVD. CAPE CANAVERAL, FL 32920

2. Principal Place of Business	3. Mailing Address
8137 CANAVERAL BLVD	8137 CANAVERAL BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CANAVERAL, FL	City & State: CAPE CANAVERAL, FL
Zip: 32920 Country: BREVARD	Zip: 32920 Country: BREVARD

4. FEI Number: 59-2026687 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SWSIEGART, EARL A SR
8185 CANAVERAL BLVD
CAPE CANAVERAL, FL 32920

7. Name and Address of New Registered Agent
Name: EARL A. SWEIGART, SR
Street Address (P.O. Box Number is Not Acceptable): 8137 CANAVERAL BLVD
CAPE CANAVERAL, FL Zip Code 32920

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 ______________________________ DATE
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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SWEIGART, EARL A SR 415 BACARDI AVE MERRITT ISLAND, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Earl A Sweigart Sr. EARL A SWEIGART SR. 2-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #