2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000975

Entity Name: NORTHWEST PLUMBING JACKSONVILLE, INC.

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6410 FACTORY SHOALS ROAD MABLETON, GA 30126 **Current Mailing Address: New Mailing Address:** 6410 FACTORY SHOALS ROAD MABLETON, GA 30126 FEI Number: 36-4521655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MAHAFFEY, WILLIAM Name: Name: 6410 FACTORY SHOALS ROAD Address: Address: MABLETON, GA 30126 City-St-Zip: City-St-Zip: VPTD Title: Title: () Delete () Change () Addition Name: BRADY, RAY Name: 6410 FACTORY SHOALS ROAD Address: Address: MABLETON, GA 30126 City-St-Zip: City-St-Zip: Title: () Delete Title: VPD () Change () Addition MAHAFFEY, TONY Name: Name: 6410 FACTORY SHOALS ROAD Address: Address: MABLETON, GA 30126 City-St-Zip: City-St-Zip: Title: **VPSD** () Delete Title: () Change () Addition WHITLOCK, EDMUND Name: Name: Address: 6410 FACTORY SHOALS ROAD Address: City-St-Zip: MABLETON, GA 30126 City-St-Zip: Title: Title: () Delete () Change () Addition BELL, LISA M Name: Name: 6410 FACTORY SHOALS ROAD Address: Address: City-St-Zip: MABLETON, GA 30126 City-St-Zip: Title: () Delete Title: () Change () Addition BLACKERBY, WAYNE Name: Name: 6410 FACTORY SHOALS ROAD Address: Address: City-St-Zip: City-St-Zip: MABLETON, GA 30126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY E BRADY VPTD 01/04/2005