2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 05, 2007 08:00 A DOCUMENT # F04530 **Secretary of State** 1. Entity Name TANNER PLUMBING COMPANY, INC. Principal Place of Business Mailing Address 1911 NW 40 COURT 4632 NW 8 AVE OAKLAND PARK FL 33309 OAKLAND PARK FL 33309 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Numbor Applied For 59-2097649 Not Applicable Zip 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 TANNER, GERALD B. 1911 N.W. 40 CT. Street Address (P.O. Box Number is Not Acceptable) OAKLAND PARK FL 33309 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. Most or printed name of registered agoni and little if applicable. (NOTE: Registered Agoni signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 33111 Delete TITLE Change ☐ Addition TANNER, GERALD B NAME NAME U00000656945 03/14/07-80043-024 150.00 1911 N.W. 40TH CT. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-SI-ZIP CITY - ST - ZIP HILE ☐ Defete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CDY-ST-ZIP CITY-ST-ZIP ши ☐ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP THILE Addition Delcte IIIE Change NAML NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficier 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.

CER OR DIRECTOR

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