APR.27'2006 14:06 9017612149 FOUTS AND MORGAN

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Secretary of State
05-02-2006 90185 007 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000001306

1. Entity Name
WHITE PLUMBING & MECHANICAL CONTRACTORS, INC.

400/30/0

Principal Place of Business	Mailing Address
3228 JEAN DR MEMPHIS, TN 38118	3228 JEAN DR MEMPHIS, TN 38118

04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2065 Fletcher Creek Dr.	2065 Fletcher Creek Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Memphis, TN	City & State: Memphis, TN
Zip: 38133 Country: USA	Zip: 38133 Country: USA

4. FEI Number: 62-0893581 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL 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) DATE

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	P WHITE, DON 3228 JEAN DR MEMPHIS, TN 38118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2065 Fletcher Creek Dr. Memphis TN 38133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WHITE, LINDA 3228 JEAN DR MEMPHIS, TN 38118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2065 Fletcher Creek Dr. Memphis, TN 38133
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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: X Don E. White Pres 4.27.06 (901) 362-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #