2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F06000001034

1. Entity Name
RMS PLUMBING INC.

Principal Place of Business

309 ANDERSON RD
NASHVILLE, GA 31639

Mailing Address

309 ANDERSON RD
NASHVILLE, GA 31639

DO NOT WRITE IN THIS SPACE

01102007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
58-2664544		Not Applicable

5. Certificate of Status Desired   ✓ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~STANDARD PLUMBING & SUPPLIES CO INC~~
~~2091 SW MAIN BLVD~~
~~LAKE CITY, FL 32025~~

Mangrum Construction, Inc.
370 S.E. Craig Avenue
Lake City, Fla. 32025

DO NOT WRITE
IN THIS SPACE

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 _David E Mangrum / David E Mangrum_   2-16-07

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, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	CP	
NAME	STONE, MICHAEL L	
STREET ADDRESS	309 ANDERSON RD	
CITY-ST-ZIP	NASHVILLE, GA 31639	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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IN THIS SPACE

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: _Michael L. Stone / Michael L. Stone_   2-16-07   2295431538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #