2005 FOR PROEIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 24, 2005 08:00 AM Secretary of State

904 - 262 - 4854 Daytime Proce #

ANNUAL REPURI		0411 2 1, 2002 00:00 11111
DOCUMENT # H21402 1. Entity Name NELSON PLUMBING CO., INC.		Secretary of State
Principal Place of Business 10895 OLD DIXIE HWY. ST. AUGUSTINE, FL 32095 Mailing Address 10895 OLD DIXIE HWY. ST. AUGUSTINE, FL 32095 ST. AUGUSTINE, FL 32095	US	
DO NOT WRITE IN THIS SPA	CE 4.	142005 No Chg-P
6. Name and Address of Current Registered Agent ISAAC, FRED C. 2468 ATLANTIC BLVD JACKSONVILLE, FL 32207	-	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or regisfered 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, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.	noing \$5.00 the Added to	May Be Fees
10. OFFICERS AND DIRECTORS ITILE PD NAME NELSON, SCOTT STREET ADDRESS 10895 OLD DIXIE HWY. CITY-S1-ZIP ST. AUGUSTINE, FL		U00000189839 01/24/05-80112-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY - ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the Information the bud with this tring do is not qualify for the exe indicated on this report or supplien an all-eport is tribe and accurate and that my signs of the corporation or the receiver of tribete empowered to execute this report as required, or on an attachment with an accuracy, with all other ske empowered.	emption stated in Section iture shall have the same ired by Chapter 607, Flo	n 119.07(3)(i), Florida Statutes. I further certify that the Information is legal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 10 or Block 11 if

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR