


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H66265</b> 1. Entity Name PINE CREST PLUMBING, INC.	
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Principal Place of Business 4251 NORTHEAST 6TH AVE OAKLAND PARK, FL 33334 US	Mailing Address % SYLVESTER H. FERRY 4420 N.W. 19TH AVENUE FORT LAUDERDALE, FL 33309
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01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2549771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  FERRY, PATRICIA A. 4420 N.W. 19TH AVENUE FORT LAUDERDALE, FL 33334
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

UN00000394784  
01/26/06-80022-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRY, SYLVESTER H. 4420 N.W. 19TH AVENUE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FERRY, PATRICIA A. 4420 N.W. 19TH AVENUE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRY, DANIEL 4251 NE 6TH AVE OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia A. Ferry (Patricia A. Ferry) 1/20/06 954-491-158  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #