2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE

Jan 27, 2006 08:00 AM DOCUMENT # H88075 **Secretary of State** 1. Entity Name J. S. FERRIS PLUMBING, INC. Principal Place of Business Mailing Address 1406 EDGEWATER DRIVE 1406 EDGEWATER DRIVE ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apr. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-2662670 Not Applicable Zip Country Zip 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 Name FERRIS, JOHN S. Street Address (P.O. Box Number is Not Acceptable) 1406 EDGEWATER DRIVE ORLANDO FL 32804 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, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Channe ☐ Addiila DILE ☐ Delete NAME NAME FERRIS, JOHN S JR U00000405228 'U7706-80032-021 150.00 STREET ADDRESS 1406 EDGEWATER DR. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-70 Change ∏ Addist... TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY - ST- ZIP ☐ Change □ Al-Jiện TITUE وزمزور 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Change ☐ A.'...... Defete MLE TITLE NAME MARAK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 oath, that I am an officer or director of the corporation or the receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11

John S FERRIS Ja 1/24/06 (407) 422-7213
OFFICER OR DIRECTOR

TOWNSHIP PROPERTY.

FILED