


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # J27450
 1. Entity Name
JLT PLUMBING, INC.



Principal Place of Business Mailing Address
C/O LARRY F. CONLEY **C/O LARRY F. CONLEY**
2224 PINE ISLAND **2224 PINE ISLAND**
NEW SMYRNA BEACH FL 32168-5451 **NEW SMYRNA BEACH FL 32168-5451**



2. Principal Place of Business 3. Mailing Address
2224 PINE ISLAND DR **S A M E**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NSB, FL **S A M E**
 Zip Country Zip Country
32168 **USA** **32168** **USA**

1st MOORE CR2E034 (10/05)
 4. FEI Number 59-277252 Applied For Not Applied
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CONLEY, LARRY
2224 PINE ISLAND
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent
 Name ~~LARRY F CONLEY~~
 Street Address (P.O. Box Number is Not Acceptable) **S A M E**
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	DP CONLEY, LARRY F 2224 PINE ISLAND DR NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000482252 04/11/06-80067-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 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: LARRY F. CONLEY *Larry F Conley* 2-156 386 42857