
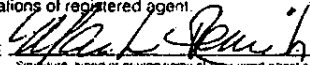
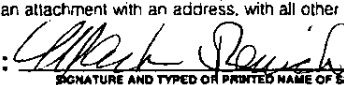


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90303 042 \*\*\*150.00

<b>DOCUMENT # J51954</b> 1. Entity Name <b>MACK RENICK PLUMBING, INC.</b>					
Principal Place of Business <b>% MACK RENICK 620 BAYSHORE RD NOKOMIS FL 34275</b>			Mailing Address <b>% MACK RENICK 620 BAYSHORE RD NOKOMIS FL 34275</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RENICK, MACK 620 BAYSHORE RD NOKOMIS FL 33555</b>			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and date if applicable</small> </div> <div style="width: 50%; text-align: right;"> <b>MACK RENICK (OFFICER) 3/18/06</b>  <small>(NOTE: Registered Agent signature required when registering)</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RENICK, MACK</b>		NAME		
STREET ADDRESS	<b>620 BAYSHORE RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NOKOMIS FL</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RENICK, MARC</b>		NAME		
STREET ADDRESS	<b>620 BAYSHORE RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NOKOMIS FL</b>		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RENICK, GALE</b>		NAME		
STREET ADDRESS	<b>620 BAYSHORE RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NOKOMIS FL</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/25/06</b> <small>Date</small> <b>941-350-8570</b> <small>Daytime Phone #</small>		