

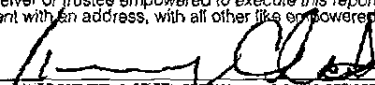


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # J68101 1. Entity Name JACKSONVILLE PLUMBING CO.		
Principal Place of Business % TROY CLARK 5836 TIMAQUANA ROAD JACKSONVILLE, FL 32210	Mailing Address % TROY CLARK 5836 TIMAQUANA ROAD JACKSONVILLE, FL 32210	
DO NOT WRITE IN THIS SPACE		 02262006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2791259 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CLARK, TROY 5836 TIMAQUANA RD. JACKSONVILLE, FL 32210		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 _____ <small>Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agents signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000467308 03/23/06-80046-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARK, TROY 5836 TIMAQUANA ROAD JACKSONVILLE, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLARK, TERRY 5836 TIMAQUANA ROAD JACKSONVILLE, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CLARK, TONY 5836 TIMAQUANA ROAD JACKSONVILLE, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  TERRY CLARK <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/9/06 (904) 777-5456 <small>Date Daytime Phone</small>