


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90015 039 ***150.00

DOCUMENT # K08688	
1. Entity Name JOHN THE PLUMBER, INC.	

Principal Place of Business 140 S.W. 1 TERRACE POMPANO BEACH, FL 33060	Mailing Address 140 S.W. 1 TERRACE POMPANO BEACH, FL 33060
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40024686



2. Principal Place of Business 1571 SW 3rd STREET	3. Mailing Address 1571 SW 3rd STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01172006 Chg-P CR2E034 (11/05)

City & State POMPANO BEACH FL	City & State POMPANO BEACH FL	4. FEI Number 65-0034788	Applied For Not Applicable
Zip 33069	Country USA	Zip 33069	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KROBATSCH, JOHN EARL 510 S.E. 16TH AVENUE POMPANO BEACH, FL 33060	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KROBATSCH, JOHN EARL		NAME	
STREET ADDRESS 510 S.E. 16TH AVE.		STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH, FL		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KROBATSCH, DAVID		NAME	
STREET ADDRESS 510 S.E. 16TH AVE.		STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH, FL		CITY-ST-ZIP	
TITLE CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KROBATSCH, MICHAEL		NAME	
STREET ADDRESS 510 S.E. 16TH AVE.		STREET ADDRESS	
CITY-ST-ZIP POMPANO BCH., FL 33060		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	
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 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 empowers.

SIGNATURE: *John E. Krobatsch* 3-2-06 954-781-4823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #