

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # K28150

1. Entity Name
JIM BLANTON PLUMBING, INC.



Principal Place of Business
7183 MYAKKA VALLEY TRAIL
SARASOTA, FL 34241

Mailing Address
7183 MYAKKA VALLEY TRAIL
SARASOTA, FL 34241



01292008 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0064648

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLANTON, III, JAMES P
7183 MYAKKA VALLEY TRAIL
SARASOTA, FL 34244

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000483441
04/11/06-80121-025 158.75

10. OFFICERS AND DIRECTORS

TITLE
VP
NAME
CONE, JON J
STREET ADDRESS
7183 MYAKKA VALLEY TRAIL
CITY-ST-ZIP
SARASOTA, FL 34244

TITLE
PD
NAME
BLANTON, III, JAMES P
STREET ADDRESS
7183 MYAKKA VALLEY TRAIL
CITY-ST-ZIP
SARASOTA, FL 34244

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-06 941-98-2332