

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K66522

FILED
Mar 06, 2006
Secretary of State

Entity Name: THE DUKE'S PLUMBING, INC.

Current Principal Place of Business:

4627 ARNOLD AVE.
#2
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

4627 ARNOLD AVE.
#2
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0114078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURK, ROBERT C
4570 EVERGLADES BLVD. N.
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BURK, ROBERT C
Address: 4570 EVERGLADES BLVD. N.
City-St-Zip: NAPLES, FL 34104

Title: DV () Delete
Name: TURNER, CHERYL
Address: 1185 MOON LAKE DR
City-St-Zip: NAPLES, FL 34104

Title: S () Delete
Name: FRENCH, JODY L
Address: 10 LANCASHIRE PL
City-St-Zip: NAPLES, FL 34104

Title: T () Delete
Name: TURNER, ESTES L
Address: 1185 MOON LAKE DRIVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: TURNER, ESTES L
Address: 1185 MOON LAKE DRIVE
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL TURNER

DV

03/06/2006

Electronic Signature of Signing Officer or Director

_____ Date