2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

1. Entity Nar	IMENT # ALD PLUMBI	4 ** *	-				Apr 25, 2 Secre	2005 08 tary of \$		
Principal Place of Business  824 JAMES LEE ROAD  FT. WALTON BEACH FL 32547 US			Mailing Address 824 JAMES LEE RD FT. WALTON BEACH FL 32547-2222 US				-	ו בליבי אוליו מושנו נורכי פווצו או היה	HAN BURK BURK BURK BURK	H bibliogy ii (bii)
2. Principal f	Place of Business	3. Mailing Address				THE REPORT OF THE FOLLOWING THE PROPERTY OF TH				
Suite, Apt #, etc.			Suite, Apt #, etc.				1:	st MOORE CR	2E034 (10/04)	) 
City & State			City & State			4. FEI Numi	59-1099373		Applied For Not Applicable	
Zip	Country		Zip		Cour	ntry	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
6. Name and Address of Current F				d Agent	7. Name and Address of New Registered Agent Name					
824	DONALD, CI JAMES RD. WALTON BI					(P.O Box Numi	P.O. Box Number is Not Acceptable)			
						City			FL Zip C	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 arn familiar with, and accept the obligations of registered agent.  Signature Types or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating)  DATE  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								S. Election Campaign     Trust Fund Contribu		5.00 May Be dded to Fees
10.	İst	OFFICERS AND	DIRECTO		11.		ADDITIONS	CHANGES TO OFFICER		
NAME STREET ADDRESS CITY-ST-ZIP	MCDONALD, ( 824 JAMES LE FT. WALTON I	E ROAD		☐ Delete		,		000000329 04/25/05-801	□ Chang 421 15-024 150	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D MCDONALD, ( 824 JAMES LE FT. WALTON (	E ROAD		□ Delete		,			☐ Chang	ge 🔲 Additlon
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, 1 824 JAMES LE FT. WALTON E	E ROAD		□ Delele					☐ Chang	ge 🗖 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, . 824 JAMES LE FT. WALTON E	E RD.		☐ Delete					☐ Chang	ge 🗍 Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete					☐ Chang	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	☐ Defete		Y			Chang	e 🗌 Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 received or trustee ampowered 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 attackment with an address, with all other like empowered.										

Charles L. McDonald

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/05

(850) 862-215<u>1</u>

Daytime Phone 4

**FILED**