

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K99194

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: MCDONALD PLUMBING CO., INC.

**Current Principal Place of Business:**

824 JAMES LEE ROAD  
FT. WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

824 JAMES LEE RD  
FT. WALTON BEACH, FL 325472222 US

**New Mailing Address:**

FEI Number: 59-1099373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDONALD, CHARLES L  
824 JAMES RD.  
FR. WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

MCDONALD, CHARLES L  
824 JAMES RD.  
FT. WALTON BEACH, FL 32547 US

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

04/26/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: MCDONALD, CHARLES L  
Address: 824 JAMES LEE ROAD  
City-St-Zip: FT. WALTON BEACH, FL

Title: D ( ) Delete  
Name: MCDONALD, C. D.,  
Address: 824 JAMES LEE ROAD  
City-St-Zip: FT. WALTON BEACH, FL

Title: D ( ) Delete  
Name: MCDONALD, J. B.,  
Address: 824 JAMES LEE ROAD  
City-St-Zip: FT. WALTON BEACH, FL

Title: D ( ) Delete  
Name: MCDONALD, JOE G  
Address: 824 JAMES LEE RD.  
City-St-Zip: FT. WALTON BEACH, FL

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

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: CHARLES L MCDONALD

Electronic Signature of Signing Officer or Director

S/T

04/26/2006

Date