## 2006 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** Apr 26, 2006 08:00 AN Secretary of State DOCUMENT # L22293 1. Entity Name SANGSTER'S PLUMBING, INC. Mailing Address Principal Place of Business % JOHN V. SANGSTER 25 EAST 13TH ST. PO BOX 702224 #10 SAINT CLOUD, FL 34769 ST CLOUD, FL 34770 US CR2E034 (11/05) 04192006 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2972847 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SANGSTER, JOHN V. 25 EAST 13TH ST #10 SAINT CLOUD, FL 34769 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  ** Ziection Campaign?  Trust Fund Contribut		
10.	OFFICERS AND DIREC	CTORS .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SANGSTER, JOHN V. 25 EAST 13TH ST #10 SAINT CLOUD, FL 34769	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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U00000535168 05/08/06-80041-012 158.75

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

\$5.00 May Be

Added to Fees

12.	I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I fu	arther certify that th	ne 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 call	th; that I am an off	icer 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 a	appears in Block 1	O or Block 11 i
	changed, or on an attachment with an address, with all other like empowered.	Link	ma.

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS City-St-Zip TITLE MAME STREET ADDRESS CITY-ST-ZIP 31717 NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP