

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L39017

FILED
Mar 29, 2006
Secretary of State

Entity Name: ACRES & SON PLUMBING, INC.

Current Principal Place of Business:

5701 HOUGHIN STREET
SUITE 1
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

5701 HOUGHIN STREET
SUITE 1
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0211417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAULICH, JOHN, III
5147 CASTELLO DRIVE
NAPLES, FL 34103 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: PD () Delete
Name: ACRES, RANDY M.,
Address: 425 15TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: VT () Delete
Name: ACRES, SANDRA E.,
Address: 425 15TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: VS () Delete
Name: FARNSWORTH, NANCY,
Address: 7818 EMERALD CIRCLE
City-St-Zip: NAPLES, FL

Title: VP () Delete
Name: HATCH, RENE ACRES
Address: 3431 3RD AVENUE NW
City-St-Zip: NAPLES, FL 34120

Title: VP () Delete
Name: ACRES, ROCHELLE C
Address: 3350 CROWN POINTE BLVD. W #202
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: BOWLING, RONALD L
Address: 6196 WOODSTONE DR.
City-St-Zip: NAPLES, FL 34112

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:

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: NANCY P FARNSWORTH

VP

03/29/2006

Electronic Signature of Signing Officer or Director

_____ Date