2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # L44247 03-19-2007 90062 042 ***150.00 1. Entity Name **RGS PLUMBING & PIPING COMPANY** Principal Place of Business Mailing Address THRITTON **68 CENTURY** PO BOX 1400 INGLIS, FL 34449 INGLIS, FL 34449 US 2. Principal Place of Business: No P.O. Box # & Canter Dury Rd 3. Mailing Address Suite, Apt. #, etc. 01082007 CR2E034 (12/06) City & State 4. FEI Number Applied For Lnalis 59-2993092 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEINHORST, RICHARD G. Street Address (P.O. Box Number is Not Acceptable) **68 CANTERBURY ROAD INGLIS, FL 34449** City Zip 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 am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE ☐ Delete Change STEINHORST, RICHARD G. NAME NAME STREET ADDRESS **68 CANTERBURY RD** STREET ADDRESS INGLIS, FL 34449 CITY-ST-7IP CITY-ST-ZIP VΡ ☐ Addition TITLE ☐ Delete TITLE ☐ Change STEINHORST, SUSAN D. NAME NAME STREET ADDRESS STREET ADDRESS **68 CANTERBURY ROAD** CITY-ST-ZIP **INGLIS, FL 34449** CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED Mar 19, 2007 8:00 am

Susan D. Steinhorst Via-president

SIGNATURE: _______