

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90246 033 ***150.00

DOCUMENT # L68076 1. Entity Name COARSEY PLUMBING, INC.					
Principal Place of Business % CAROL A. COARSEY 2127 49TH ST. EAST PALMETTO, FL 34221			Mailing Address % CAROL A. COARSEY 2127 49TH ST. EAST PALMETTO, FL 34221		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0196367	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COARSEY, CAROL A. 2127 49TH ST. EAST PALMETTO, FL 34221				7. Name and Address of New Registered Agent Name CAROL B. COARSEY Street Address (P.O. Box Number is Not Acceptable) 2127 49TH ST EAST City PALMETTO	
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.				FL Zip Code 34221	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees		DATE _____			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME COARSEY, CAROL A. STREET ADDRESS 2127 49TH ST EAST CITY-ST-ZIP PALMETTO, FL	<input type="checkbox"/> Delete		TITLE D NAME COARSEY, CAROL B. STREET ADDRESS 2127 49TH ST EAST CITY-ST-ZIP PALMETTO, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME COARSEY, DONALD R STREET ADDRESS 2127 49TH ST EAST CITY-ST-ZIP PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE D NAME COARSEY, DONALD R. STREET ADDRESS 2127 49TH ST EAST CITY-ST-ZIP PALMETTO, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Carol Coarsey - Carol Coarsey</u> 3-6-06 941-721-7676 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					