2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2005 8:00 am Secretary of State DOCUMENT # L72438 04-15-2005 90081 033 ***150.00 1. Entity Name GEORGE'S PLUMBING SERVICES, INC. Principal Place of Business Mailing Address 9699 OVERSEAS HWY PO BOX 500031 MARATHON, FL 33050 US MARATHON, FL 33050 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0202168 Not Applicable Zip Country Zip 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 - -Name FENNER, JP Street Address (P.O. Box Number is Not Acceptable) 2840 NW BOCA RATON BLVD STE 107 BOCA RATON, FL 33431 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 19 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition UPPERMAN, GEORGE W NAME NAME 210 15 TH CIRCLE STREET ADDRESS 419 121 ST GULF STREET ADDRESS KEY COLONY BEACH, FL 33051 MARATHON, FL CITY-ST-ZIP CITY-ST-ZIP ST Change Addition TITLE ☐ Delete TITLE UPPERMAN, SUZANNE M NAME NAME 210 15TH CIRCLE 419 121 ST GULF STREET ADDRESS STREET ADDRESS KEY COLONY BEACH, FL 33051 CITY-ST-ZIP MARATHON, FL CITY-ST-ZIP **D**elete TITLE ☐ Addition NAME DUNFORD, REX M NAME STREET ADDRESS 1093 74 ST - OCEAN STREET ADDRESS CITY-ST-ZIP MARATHON, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete -TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 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 attach