


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90076 045 \*\*\*150.00

**DOCUMENT # L76276**  
 1. Entity Name  
**BIG JOHN PLUMBING, INC.**



Principal Place of Business: **2113 LARRY DRIVE W JACKSONVILLE, FL 32216**  
 Mailing Address: **% J. HAROLD ELKINS 720 ST. JOHNS BLUFF RD. # 4 JACKSONVILLE, FL 32225**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **2113 LARRY DR W.**  
 Suite, Apt. #, etc.

City & State: **JACKSONVILLE FL**  
 Zip: **32216** Country: **DUVAL**

6. Name and Address of Current Registered Agent

**ELKINS, J. HAROLD**  
**720 ST. JOHNS BLUFF RD. # 4**  
**JACKSONVILLE, FL 32225**

7. Name and Address of New Registered Agent  
 Name: **John Housley**  
 Street Address (P.O. Box Number is Not Acceptable): **2113 LARRY DR.**  
 City: **JACKSONVILLE FL** Zip Code: **32216**

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: *[Signature]* **President** DATE: **4-5-05**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HOUSLEY, SHERRI</b>		NAME: _____	
STREET ADDRESS: <b>2113 LARRY DR. W.</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>JACKSONVILLE, FL 32216</b>		CITY-ST-ZIP: _____	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HOUSLEY, JOHN</b>		NAME: _____	
STREET ADDRESS: <b>2113 LARRY DR W</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>JACKSONVILLE, FL 32216</b>		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	

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 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: *[Signature]* **President** DATE: **4-5-05** 904-838-8824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



04042005 Chg-P CR2E034 (10/03)

4. FEI Number: **59-3020708** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required