



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # M49666</b>		
1. Entity Name <b>BOB SMITH PLUMBING, INC.</b>		
Principal Place of Business <b>20 SW 5TH STREET POMPANO BEACH, FL 33060</b>		Mailing Address <b>20 SW 5TH STREET POMPANO BEACH, FL 33060</b>
<div style="text-align: center;">  </div>		
<div style="display: flex; justify-content: space-between;"> <span>01182006</span> <span>No Chg-P</span> <span>CR2E034 (11/05)</span> </div>		
4. FEI Number <b>65-0002752</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>SMITH, ROBERT S. SR</b> <b>631 SE 5TH TERRACE</b> <b>POMPANO BEACH, FL 33060</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SMITH, ROBERT S. SR	
STREET ADDRESS	631 SE 5TH TERRACE	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
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 empowerments.		
SIGNATURE: <i>Robert S. Smith</i>		1-19-06 954-946-7751 <small>Date Daytime Phone #</small>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Robert S. Smith Sr. Pres.</i>		

11/26/06-80030-001 150.00