## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 07, 2006 08:00 AM Secretary of State DOCUMENT # M69685 W. E. VINCENT PLUMBING CONTRACTOR, INC. Malling Address Principal Place of Business 575 GUS HIPP BLVD. 575 GUS HIPP BLVD. ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 US 01112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2865626 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SHORT, J. PHILLIP 505 N. ORLANDO AVE COCOA BEACH, FL 32932-0767 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE\_ DATE Signature, typed or printed name of registered agent and file if applicable. (NOTE, Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VINCENT, WILLIAM E NAME 575 GUS HIPP BLVD. STREET ADDRESS ROCKLEDGE, FL 32955 CITY-ST-ZIP H9000014963**6**4 DS THE 04/22/06-80009-017 150.00 VINCENT, PEGGY J. NAME STREET ADDRESS 575 GUS HIPP BLVD. CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE HAME STREET AUDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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 it made under cath, 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

nate: 4/5/2006