2008 FOR PROFIT CORPORATION

Mar 10, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # M70319 1. Entity Name F & W PLUMBING, INC. Principal Place of Business Mailing Address 1320 SOUTH MORIN STREET 1320 SOUTH MORIN STREET EUSTIS, FL 32726 EUSTIS, FL 32726 No Chg-P CR2E034 (11/05) 02182008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2876880 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FREEMAN, ROBERT A JR. DO NOT WRITE 5515 GRIFFIN VIEW DRIVE LADY LAKE, FL 32159 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 03/28/08-80065-006 150.00 FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME FREEMAN, ROBERT A., JR STREET ADDRESS GRIFFIN VIEW DR. LADY LAKE, FL CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS

NG OFFICER OR DIRECTOR

FILED