2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2005 08:00 AM Secretary of State **DOCUMENT # P00000008154** THUNDER BAY PLUMBING, INC. Principal Place of Business Mailing Address 7631-18TH AVENUE NORTH P 0 BOX 47903 ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33743 US 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3620427 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BABCOCK, RICHARD DO NOT WRITE 7631-18TH AVENUE NORTH ST PETERSBURG, FL 33710 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) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPS TITLE BABCOCK, RICHARD NAME STREET ADDRESS 7631-18TH AVENUE NORTH U00000207265 02/01/05-80039-010 158. 75 ST PETERSBURG, FL 33710 CITY-ST-ZIP TITLE STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 occurate 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 truetee empowered to secure this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with proper like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> RICHARD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

1-27-05

727-346-0701

Daytime Phone #