2006 FOR PROFIT CORPORATION

Feb 03, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P00000036607** 1. Entity Name TIDWELL PLUMBING INC. Principal Place of Business Mailing Address 252 NE 17TH ST. 252 NE 17TH ST. DELRAY BEACH, FL 33444-4140 DELRAY BEACH, FL 33444-4140 01242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1346280 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TIDWELL, DWIGHT DO NOT WRITE 258 NE 17TH ST DELRAY BEACH, FL 33483 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 lamillar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TIDWELL, PAUL JR NAME STREET ADDRESS 381 NE 5TH AVE C17Y -ST - 219 DELRAY BEACH, FL 33483 TITLE 02/16/06-80009-020 150.00 TIDWELL, DANNY NAME STREET ADDRESS 381 NE 5TH AVE CITY-ST-ZIP DELRAY BEACH, FL 33483 DILE NAME TIDWELL, DWIGHT STREET ADDRESS 381 NE 5TH AVE DO NOT WRITE DELRAY BEACH, FL 33483 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

and typed on printed name of signing officer or director Y T LDWELLL

01/24/06

FILED

<u>561-276-4795</u>