2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2012
Secretary of State

DOCUMENT# P00000100027

Entity Name: EMERGENCY PLUMBING SERVICES, INC.

Current Principal Place of Business:

1847 S. PATRICK DR.
SUITE # 4
INDIAN HARBOR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

PO BOX 32937
SATELLITE BEACH, FL 32937

New Mailing Address:

PO BOX 372022
SATELLITE BEACH, FL 32937

FEI Number: 59-3678684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURRAN, JOHN C ESQ.
2200 S. BABCOCK ST.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

CURRAN, JOHN C ESQ.
2111 DAIRY ROAD
MELBOURNE, FL 32904 US

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.

SIGNATURE: _____ 02/14/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BONE, JAMES R
Address: 1923 HWY A1A UNIT C-1
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: VP
Name: BONE, JEFFREY M
Address: 172 GRANT ST
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T
Name: BONE, CHRISTOPHER S
Address: 172 GRANT ST.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S
Name: BONE, RITA A
Address: 1923 HWY A1A UNIT C-1
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES R BONE PD 02/14/2012
Electronic Signature of Signing Officer or Director — Date