2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P01000092227** 04-18-2005 90263 029 ***150.00 1. Entity Name GLOBE PLUMBING COMPANY, INC. Principal Place of Business Mailing Address -600 SW 2 AVENUE -600 SW 2 AVENUE --#244= # 244 BOCA RATON; FL 33432 BOCA RATON; FL 33432 2. Principal Place of Business GLOBE PLUMBING COMPANY, INC Suite, Apt. #, etc. 989 NW 31st Ave. 04072005 Chg-P CR2E034 (10/03) Pompano Beach., Fl. 33069 City & State 4. FEI Number Applied For (954) 977-3043 Not Applicable 65-1139418 (954) 977-3964 (fax) Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSSELL, GORDON Street Address (P.O. Box Number is Not Acceptable) 600 SW 2 AVE, #244 BOCA RATON, FL 33432 City Zip Code FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition TITLE Change TITLE NAME RUSSELL, GORDON NAME STREET ADDRESS 600 SW 2 AVE, #244 STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP 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 so the 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 employered 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED