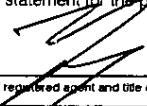


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Sep 08, 2005 8:00 am
Secretary of State**

09-08-2005 90067 025 ***550.00

DOCUMENT # P02000040382			
1. Entity Name SOUTH ATLANTIC PLUMBING SYSTEMS, INC.			
Principal Place of Business 3019 WATERMAN STREET DELTONA, FL 32738		Mailing Address 3019 WATERMAN STREET DELTONA, FL 32738	
2. Principal Place of Business 1060 E. Industrial Dr. Suite, Apt. #, etc. Suite H, I		3. Mailing Address 1060 E. Industrial Dr. Suite, Apt. #, etc. Suite H, I	
City & State Orange City, FL		City & State Orange City, FL	
Zip 32763	Country U.S.	Zip 32763	
6. Name and Address of Current Registered Agent LAFVING, JEFFREY A 3019 WATERMAN STREET DELTONA, FL 32738		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  <small>Signature, type or printed name of registered agent and title if applicable.</small>			
<small>(NOTE: Registered Agent signature required when remitting)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete LAFVING, JEFFREY A 3019 WATERMAN STREET DELTONA, FL 32738	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <input type="checkbox"/> Delete MCINTYRE, WESTLEY E 2252 CONFORT AVE. DELTONA, FL 32738	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCIntyre, Westley E. 2252 Danforth Ave. Deltona, FL 32738	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVP <input checked="" type="checkbox"/> Delete MCINTYRE, JEFFERY K 1232 COURTLAND BLVD DELTONA, FL 32738	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		Jeffrey Lafving, President 8-2-05 386-775-1900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>