## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 07, 2006 08:00 AM Secretary of State DOCUMENT # P02000049311 PARIS PLUMBING COMPANY, INC. Principal Place of Business Mailing Address 12439 PERKINS ROAD 12439 PERKINS ROAD SOUTHPORT, FL 32409 SOUTHPORT, FL 32409 03022008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 32-0016583 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PARIS, LES DO NOT WRITE 12439 PERKINS ROAD SOUTHPORT, FL 32409 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. Signature, typed or pretaid name of registered agent and tale if applicable (NOTE: Registered Agent agneture required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.60 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PARIS, RALPH L NAME STREET ADDRESS 12439 PERKINS ROAD SOUTHPORT, FL 32409 CITY-ST-ZP **₹#Ĭ**ŪŪŪĞĞ435564 TITLE 04/21/06-80019-011 150.00 PARIS, BRENDA J NAME 12439 PERKINS ROAD STREET ADDRESS SOUTHPORT, FL 32409 CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE STREET ADDRESS CTY-57-ZP TITLE NAVÆ STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 118, 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 of the receiver or trustee empowered to execute 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 all other like amovered.

SIGNATURE:

CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Brenda J. Peris 4-5-2006

**FILED**