

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102447

Entity Name: GOLDEN PLUMBING, INC.

FILED  
Apr 17, 2005  
Secretary of State

**Current Principal Place of Business:**

251 LOON LANE  
NAPLES, FL 34114

**New Principal Place of Business:**

**Current Mailing Address:**

251 LOON LANE  
NAPLES, FL 34114

**New Mailing Address:**

FEI Number: 01-0745377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURKETT, TIMOTHY  
251 LEON LANE  
NAPLES, FL 34114 US

**Name and Address of New Registered Agent:**

BURKETT, TIMOTHY F OWNER  
251 LOON LANE  
NAPLES, FL 34114 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: TIMOTHY F BURKETT

04/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BURKETT, TIMOTHY  
Address: 251 LOON LANE  
City-St-Zip: NAPLES, FL 34114

Title: STD ( ) Delete  
Name: BURKETT, RAMONA  
Address: 251 LOON LANE  
City-St-Zip: NAPLES, FL 34114

Title: VP ( ) Delete  
Name: ZOOK, MICHAEL  
Address: 147 BRISTOLL NO  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY F. BURKETT

PD

04/17/2005

Electronic Signature of Signing Officer or Director

Date