


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**


04-22-2005 90285 016 \*\*\*150.00

<b>DOCUMENT # P02000117583</b>	
1. Entity Name <b>CONSTRUCTION SERVICES PLUMBING, INC.</b>	

Principal Place of Business <b>15 E OAK ST STE B ARCADIA, FL 34266</b>	Mailing Address <b>15 E OAK ST STE B ARCADIA, FL 34266</b>
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2. Principal Place of Business <b>1208 S.E. Maple Dr.</b>	3. Mailing Address <b>P.O. Box 1424</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Arcadia, FL</b>	City & State <b>Arcadia, FL</b>
Zip <b>34266</b>	Zip <b>34265</b>
Country <b>DeSoto</b>	Country <b>DeSoto</b>

	
03282005	Chg-P CR2E034 (10/03)
4. FEI Number <b>02-0663698</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CARTER, WILLIAM H 15 E OAK ST STE B ARCADIA, FL 34266</b>	
7. Name and Address of New Registered Agent Name <b>Carter, William H</b> Street Address (P.O. Box Number is Not Acceptable) <b>1208 S.E. Maple Dr.</b> City <b>Arcadia, FL</b> Zip Code <b>34266</b>	

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, WILLIAM H 1044 SE 7 AVE ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. Carter, William H. 1208 S.E. Maple Dr. Arcadia, FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KENT, ALTON E III 1207 NE HICKORY ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KENT, ALTON E, III 406 Lasolona Ave Arcadia, FL 34266 <input checked="" 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
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: <u>William H Carter</u>	April 19, 05	863-494-6668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #