


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02842 1. Entity Name PLUMBING SYSTEMS, INC.	
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Principal Place of Business 88 NO HOLIDAY RD SUITE A DESTIN, FL 32550 US	Mailing Address 88 NO HOLIDAY RD SUITE A DESTIN, FL 32550 US
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**DO NOT WRITE IN THIS SPACE**



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0779579	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

D. BRYANT MARTIN  
662 HIGHWAY 98 E #940  
DESTIN, FL 32541

**DO NOT WRITE  
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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, DAVID BRYANT 662 HIGHWAY 98 E. #940 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTIN, CHRISTINA J. 662 HIGHWAY 98 E. #940 DESTIN, FL 32541
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U00000531280  
05/06/06-80035-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  4-24-06 8506543133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #