



FILED
May 01, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000026686 1. Entity Name JOHN THE PLUMBER OF COLLIER COUNTY, INC.		
Principal Place of Business 1020 16TH ST NE NAPLES, FL 34120	Mailing Address 1020 16TH ST NE NAPLES, FL 34120	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> DO NOT WRITE IN THIS SPACE </div>		
 04202008 No Chg-P GR2E034 (11/05)		
4. FEI Number 01-0772882		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RICE, ROGER B 5425 PARK CENTRAL NAPLES, FL 34109		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> DO NOT WRITE IN THIS SPACE </div>
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, typed or printed name of registered agent and fee in application (NOTE: Registered Agent signature required when registering) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOLTZ, JOHN 1020 16TH ST NE NAPLES, FL 34120	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> DO NOT WRITE IN THIS SPACE </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Mary Scholtz</i> Mary Scholtz 4-28-06 (231)353-9911 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE DAY/MO/YR PHONE #</small>