

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046706

Entity Name: PEARSON'S PLUMBING, INC.

FILED  
Feb 27, 2006  
Secretary of State

## Current Principal Place of Business:

1504 OLD MOODY BLVD  
BUNNELL, FL 32110

## New Principal Place of Business:

209 N. FORSYTH STREET  
BUNNELL, FL 32110

## Current Mailing Address:

1504 OLD MOODY BLVD  
BUNNELL, FL 32110

## New Mailing Address:

209 N. FORSYTH STREET  
BUNNELL, FL 32110

FEI Number: 06-1694762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEARSON, JONATHAN M  
14 VILLAGE DRIVE  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: PEARSON, JONATHAN M  
Address: 1504 OLD MOODY BLVD  
City-St-Zip: BUNNELL, FL 32110 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: PEARSON, JONATHAN M  
Address: 209 N. FORSYTH STREET  
City-St-Zip: BUNNELL, FL 32110 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JONATHAN M. PEARSON

PRES

02/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date