


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90030 024 ***158.75

DOCUMENT # P03000052236					
1. Entity Name DAYBREAK PLUMBING, INC.					
Principal Place of Business 609 PINEWOOD DR. STARKE FL 32091			Mailing Address 609 PINEWOOD DR. STARKE FL 32091		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 050570692	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FAIRROW, NATHANIEL J 609 PINEWOOD DR. STARKE FL 32091				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 <u>Nathaniel J. Fairrow</u> DATE <u>January 31, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FAIRROW, NATHANIEL J 609 PINEWOOD DR. STARKE FL 32091 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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>Nathaniel J. Fairrow</u> Nathaniel J. Fairrow			1-31-04 904-964-8013		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		