2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 04, 2005 08:00 AM DOCUMENT # P03000102643 **Secretary of State** 1. Entity Name BILL'S PLUMBING SERVICES, INC. Principal Place of Business Mailing Address 2255 VALKARIA RD 2255 VALKARIA RD MALABAR FL 32950 MALABAR FL 32950 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-0257758 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANKROM, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 2255 VALKARIA RD MALABAR FL 32950 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DPVS TITLE ☐ Delete TITLE ☐ Change Addition ANKROM, WILLIAM R NAME NAME U00000215701 02/05/05-80018-018 150.00 2255 VALKARIA RD STREET ADDRESS STREELAOORESS CITY-ST-ZIP MALABAR FL 32950 CHY-ST-ZIP TITLE DEF Change Addition ☐ Delete NAME ANKROM, WILLIAM R NAME STREET ADDRESS 2255 VALKARIA RD STREET ADDRESS CITY-ST-ZIP MALABAR FL 32950 CHY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 4200 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP Cri Y-ST-ZiP DILL Delete HILE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

- William R. Ankrom 1-31-05 321-768-6135

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4

FILED