

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112403

FILED
Apr 13, 2005
Secretary of State

Entity Name: KING'S PLUMBING OF NEW SMYRNA BEACH, INC.

Current Principal Place of Business:

2026 PIONEER TRAIL
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 606
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 20-0318317 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, WENDELL S
2026 PIONEER TRAIL
NEW SMYRNA BEACH, FL 32168 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: D P () Delete
Name: KING, WENDELL
Address: 2026 PIONEER TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPST () Change (X) Addition
Name: KING, LAURIE A
Address: 2026 PIONEER TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAURIE A KING

VPST

04/13/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date