2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112755

Entity Name: HICKS PLUMBING REPAIR SERVICE INC.

FILED Feb 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3694 23RD AVE SOUTH 5202 10TH AVENUE NORTH GREENACRES, FL 33463 LAKE WORTH, FL 33461 US **New Mailing Address: Current Mailing Address:** 5202 10TH AVENUE NORTH 3694 23RD AVE SOUTH GREENACRES, FL 33463 US LAKE WORTH, FL 33461 US FEI Number: 14-1897642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HICKS, CONNIE HICKS, RICHARD 601 6TH LANE 601 6TH LANE LAKE WORTH, FL 33463 US LAKE WORTH, FL 33463 US 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: RICHARD HICKS 02/05/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HICKS, RICHARD Name: Name: 601 6TH LANE Address: Address: City-St-Zip: LAKE WORTH, FL 33463 US City-St-Zip: Title: D,VP Title: D,VP () Delete (X) Change () Addition Name: HICKS, CONNIE Name: GRATER, LOREN 601 6TH LANE 601 6TH LANE Address: Address: LAKE WORTH, FL 33463 US LAKE WORTH, FL 33463 US City-St-Zip: City-St-Zip: Title: Title: () Delete D VP () Change (X) Addition Name: PONTARELLI, VINCENT Name: 4702 WADITAKA WAY Address: Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33417

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: RICHARD HICKS D,P 02/05/2007