


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90004 014 ***550.00

DOCUMENT # P03000119260	
1. Entity Name EBS PLUMBING, INC.	

Principal Place of Business 18493 MIAMI BLVD FORT MYERS, FL 33912-3508	Mailing Address 18493 MIAMI BLVD FORT MYERS, FL 33912-3508
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50062110



2. Principal Place of Business 11515 Charlies Ter Suite, Apt. #, etc.	3. Mailing Address 11515 Charlies Ter Suite, Apt. #, etc.
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08022005 Chg-P CR2E034 (10/03)

City & State Ft Myers	City & State Ft Myers
Zip 33907	Country Lee

4. FEI Number 55-0850354	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent SILCOX, JEAN D 18493 MIAMI BLVD FORT MYERS, FL 33912-3508	
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7. Name and Address of New Registered Agent Name Griffith, John D Street Address (P.O. Box Number is Not Acceptable) 11515 Charlies Ter City Ft Myers FL Zip Code 33907	
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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 John Griffith, President John D Griffith 7-26-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SILCOX, ELTON B 18493 MIAMI BLVD FORT MYERS, FL 339123508 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director John Griffith 11515 Charlies Ter Ft Myers FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SILCOX, JEAN D 18493 MIAMI BLVD FORT MYERS, FL 339123508 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - Director Laori Albion 9758 Country Oaks Dr Ft Myers FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - Director Ronald Booth 1123 4th ST S Safety Harbor FL 34695 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John Griffith <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	7-26-05 239-790-1506 <small>Date Daytime Phone #</small>