

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000119260

Entity Name: EBS PLUMBING, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

11515 CHARLES TERR
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

11515 CHARLES TERR
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 55-0850354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITH, JOHN D
11515 CHARLES TERR
FORT MYERS, FL 33907 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRIFFITH, JOHN
Address: 11575 CHARLES TERR
City-St-Zip: FORT MYERS, FL 33907

Title: VPD () Delete
Name: ALBION, LAURA
Address: 9758 COUNTRY OAKS DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: VPD () Delete
Name: BOOTH, DONALD
Address: 1123 4TH ST S
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPD () Delete
Name: SILCOX, ELTON
Address: 1324 SW 8TH CT
City-St-Zip: CAPE CORAL, FL 33991

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRIFFITH, JOHN
Address: 11515 CHARLES TERR
City-St-Zip: FORT MYERS, FL 33907

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

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

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

Title: VPD () Change (X) Addition
Name: WILLIAMS, BRYAN
Address: 11515 CHARLIES TERRACE
City-St-Zip: FORT MYERS, FL 33907

Title: VPD () Change (X) Addition
Name: FORDYCE, JASON
Address: 11515 CHARLIES TERRACE
City-St-Zip: FORT MYERS, FL 33907

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: JOHN GRIFFITH

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date