

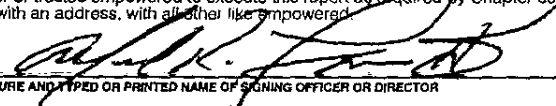


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # P03000124734 | |  |
| 1. Entity Name AL FARON PLUMBING, INC. | | |
| Principal Place of Business 1060 S CARPENTER AVE ORANGE CITY, FL 32763 | Mailing Address 1060 S CARPENTER AVE ORANGE CITY, FL 32763 |  03022005 No Chg-P CR2E034 (10/03) |
| DO NOT WRITE IN THIS SPACE | | |
| 4. FEI Number 20-0417539 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable |
| 6. Name and Address of Current Registered Agent FARON, ALFRED R II 1060 S CARPENTER AVE ORANGE CITY, FL 32763 | | |
| DO NOT WRITE IN THIS SPACE | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE | DPST | U00000340660 04/28/05-80129-001 150.00 DO NOT WRITE IN THIS SPACE |
| NAME | FARON, ALFRED R II | |
| STREET ADDRESS | 1030 GERYL WAY | |
| CITY - ST - ZIP | DELAND, FL 32720 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | DO NOT WRITE IN THIS SPACE |
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| 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:  April 26, 2005 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |
| <small>Date Daytime Phone #</small> | | |