

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000127573  
 1. Entity Name  
 RONALD L. VAIL PLUMBING, INC.



Principal Place of Business      Mailing Address  
 8540 COUNTY ROAD 561      8540 COUNTY ROAD 561  
 CLERMONT, FL 34711      CLERMONT, FL 34711

**DO NOT WRITE IN THIS SPACE**



01312005    No Chg-P    CR2E034 (10/03)

4. FEI Number 20-0371833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 VAIL, RONALD L  
 8540 COUNTY ROAD 561  
 CLERMONT, FL 34711

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

1100000220159  
 02/12/05-80017-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAIL, RONALD L 8540 COUNTY ROAD 561 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAIL, KATHARINE 8540 COUNTY ROAD 561 CLERMONT, FL 34711
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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: *Katharine L. Vail*      Katharine L. Vail      2/9/05      352-394-4291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #