


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 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



02282006 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
20-0371833 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

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 exemptions contained 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 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* *2/28/2006* *352-394-4291*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #