2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2005 08:00 AM **DOCUMENT # P03000127713 Secretary of State** 1. Entity Name CHARLIE ALLON PLUMBING, INC. Mailing Address Principal Place of Business 2215 BALDWIN ROAD 2215 BALDWIN ROAD PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 73-1684909 Not Applie \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALLON, CHARLIE DO NOT WRITE 2215 BALDWIN ROAD PANAMA CITY, FL 32405 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 according to the control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature regulared when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME ALLON, CHARLIE 2215 BALDWIN ROAD STREET ADDRESS U00000334157 PANAMA CITY, FL 32405 CITY-ST-ZIP 04/27/05-80030-022 150.00 TITLE ALLON, NATHAN NAME 2215 BALDWIN ROAD STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 mn F NAME ALLON, PEGGY STREET ADDRESS 2215 BALDWIN ROAD DO NOT WRITE CITY-ST-ZIP PANAMA CITY, FL 32405 IN THIS SPACE NAME STREET ADDRESS

12. I hereby cortify 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 of suppliemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP

Allow PEGGY ALLON

4-25-05

FILED

850-769-701