2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000140961 07-11-2006 90024 018 ***550.00 1. Entity Name KOKESH PLUMBING, INC. Mailing Address Principal Place of Business 4 U U U V V V -7890 PLAYERS ST 7890 PLAYERS ST NAPLES, FL 34113 NAPLES, FL 34113 2. Principal Place of Business 3. Mailing Address 3825 Groton Court 3825 Groton Court Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 07052006 Chg-P City & State City & State 4. FEI Number Applied For 65-1211449 Naples, Naples, Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34112 USA 34112 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VEGA, JOHN G Street Address (P.O. Box Number is Not Acceptable) 201 8TH ST S STE 207 NAPLES, FL 34102 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PΩ ☐ Delete TITLE VD Change . ☐ Addition TITLE KOKESH, LARRY NAME NAME KOKESH, LARRY STREET ADDRESS STREET ADDRESS 7890 PLAYERS ST 3825 Groton Court CITY-ST-ZIP NAPLES, FL 34113 CITY-ST-ZIP Naples FL 34112 VD ☐ Delete TITLE Change Change Addition TITLE ROLLINS, DIRK NAME ROLLINS, DIRK NAME STREET ADORESS 7890 PLAYERS ST STREET ADDRESS 3825 Groton Court CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34113 Naples. FL 34112 STD TITLE ☐ Change Addition TITLE Delete STD KOKESH, JEANNE NAME NAME ROLLINS, CHERI STREET ADDRESS 7890 PLAYERS ST STREET ADDRESS 3825 Groton Court CITY-ST-7IP CITY-ST-ZIP NAPLES, FL 34113 Naples, FL TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 11, 2006 8:00 am

7/5/04 239-465-9383