2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141356

Entity Name: FOX PLUMBING, INC.

Title:

Name:

Address:

City-St-Zip:

VΡ

() Delete

1125 MONROE RD LOT 7 WANNETA

ABBOTT, CHRISTOPHER J

WINTER HAVEN, FL 33880

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1690 SOUTH RIFLE RANGE ROAD WINTER HAVEN, FL 338806152 US **Current Mailing Address: New Mailing Address:** PO BOX 7166 WINTER HAVEN, FL 338837166 US FEI Number: 20-0459716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PROFESSIONAL TAX CONSULTANTS, INC. 112 AVENUE E SW WINTER HAVEN, FL 33880 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FOX, THOMAS A JR. Name: Name: 1690 SOUTH RIFLE RANGE RD. Address: Address: City-St-Zip: WINTER HAVEN, FL 33880 US City-St-Zip: VΡ Title: Title: () Delete (X) Change () Addition FOX, EDITH Name: SMITH, ANTHONY J Name: 125 AVENUE A EAST 1690 SOUTH RIFLE RANGE RD. Address: Address: WHANETA, FL 33880 US WINTER HAVEN, FL 33880 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition YOST, RONALD A Name: Name: 411 SUWANNEE RD SE Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RONALD A. YOST S 04/28/2006

() Change () Addition