2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 21, 2005 08:00 AM DOCUMENT # P03000141663 **Secretary of State** 1. Entity Name BILL SHAW'S PLUMBING, INC. Principal Place of Business Mailing Address 50 RICHARD JORDAN COURT QUINCY FL 32352 50 RICHARD JORDAN COURT QUINCY FL 32352 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 45-0528577 Not Applicable Zip Country αiΣ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAW, BILL Street Address (P.O. Box Number is Not Acceptable) 50 RICHARD JORDAN COURT QUINCY FL 32352 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 Agont signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete HILE Change ☐ Addition NAME SHAW, BILL NAME 50 RICHARD JORDAN COURT STREET ADDRESS STREET ADDRESS CITY - ST - ZIP QUINCY FL 32352 CHY-ST-ZIP THEF ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalote 1171 5 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME U00000237046 STREET ADDRESS STREET ADDRESS 02/21/05-80042-809 150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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: _

FILED