2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000145327

1. Entity Name
SIMON PLUMBING SERVICES, INC.

Principal Place of Business	Mailing Address
5814 JACK STOKES RD. BAKER, FL 32531	5814 JACK STOKES RD. BAKER, FL 32531

DO NOT WRITE IN THIS SPACE

01252005   No Chg-P   CR2E034 (10/03)

4. FEI Number 43-2038294	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SIMON, FRANCO
5814 JACK STOKES RD.
BAKER, FL 32531

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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 _FRANCO Simon_   _April 23 - 05_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

UODDDI33DDG4
04/25/05-801.3-023 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SIMON, EMANUEL
STREET ADDRESS	5814 JACK STOKES RD.
CITY-ST-ZIP	BAKER, FL 32531
TITLE	V
NAME	SIMON, FRANCO
STREET ADDRESS	5814 JACK STOKES RD.
CITY-ST-ZIP	BAKER, FL 32531
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

EMANUEL SIMON

SIGNATURE: _Emanuel Simon_   _President_   _April 23-05_   _850.537 8461_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #