2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

Apr 12, 2005 08:00 AM Secretary of State DOCUMENT # P03000148112 1. Entity Name FORREST HARRIS PLUMBING SEWER & DRAIN CLEANING INC. Principal Place of Business Mailing Address 11961 CR 680 WEBSTER FL 33597 11961 CR 680 WEBSTER FL 33597 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 20-0691037 Not Applicable Country Zip 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 HARRIS, FORREST C 11961 CR 680 Street Address (P.O. Box Number is Not Acceptable) WEBSTER FL 33597 Zip Code 3. 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 1 am familiar with, and accept the obligations of registered agent 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 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete ☐ Change Addition NAME HARRIS, FORREST C NAME *U00000300536* STREET ADDRESS 11961 CR 680 STREET ADDRESS 04/12/05-80024-006 158.75 CITY-ST-ZIP WEBSTER FL 33597 CITY - ST - 7IP HTLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP MUL Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

OFFICER OR DIRECTOR

SIGNATURE:

FILED