2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 11, 2006 8:00 am Secretary of State **DOCUMENT # P03000151899** 04-11-2006 90116 022 ***150 00 BRANTLEY PLUMBING, INC. Principal Place of Business Mailing Address 7073 DEAUVILLE RD P.O.BOX 37437 JACKSONVILLE, FL 32236 JACKSONVILLE, FL 32205 04062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0512545 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BRANTLEY, TERRY S DO NOT WRITE 7073 DEAUVILLE RD JACKSONVILLE, FL 32205 IN THIS SPACE 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. 4-6-06 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May 8e FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BRANTLEY, TERRY S NAME STREET ADDRESS 7073 DEAUVILLE RD CITY-ST-ZIP JACKSONVILLE, FL 32205 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:	Terrix	S. B.	Brantley	Terry	S.	Crantley	4-6-050	904-237-70	159
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR					Date /		Daytime Phone #	