- 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # P03000155879 MARK A. KRAUTHEIM PLUMBING, INC. Principal Place of Business Mailing Address 2240 SEWANEE STREET 2240 SEWANEE STREET LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 No Chg-P CR2E034 (10/03) 04112005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0528741 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRAUTHEIM, MARK A DO NOT WRITE 2240 SEWANEE STREET LYNN HAVEN, FL 32444 IN THIS SPACE 5. 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 of printed name of registered agent and life if explicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000305711 FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 04/14/05-80096-014 158.75 OFFICERS AND DIRECTORS 10. TITLE KRAUTHEIM, MARK A NAME 2240 SEWANEE STREET STREET ADDRESS CITY-ST-ZIP LYNN HAVEN, FL 32444 TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05

Daytime Phone #

FILED