

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90100 004 \*\*\*150.00

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1st MOORE CR2E034 (10/04)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                 |                                                                        |                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000008260</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                 |                                                                        |                                       |  |
| 1. Entity Name<br><b>HERBERT PLUMBING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                 |                                                                        |                                                                                                                        |  |
| Principal Place of Business<br><b>6125 WHITE RD.<br/>BROOKSVILLE FL 34602-7929</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                 | Mailing Address<br><b>6125 WHITE RD.<br/>BROOKSVILLE FL 34602-7929</b> |                                                                                                                        |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                 | 3. Mailing Address                                                     |                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                 | Suite, Apt. #, etc.                                                    |                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                 | City & State                                                           |                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                    | Zip                             | Country                                                                | 4. FEI Number<br><b>20-0748745</b>                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                 |                                                                        | Applied For<br>Not Applicable                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                 |                                                                        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                        |  |
| 6. Name and Address of Current Registered Agent<br><b>HERBERT, ROBERT L JR.<br/>6125 WHITE RD.<br/>BROOKSVILLE FL 34602-7929</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                 | 7. Name and Address of New Registered Agent                            |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                 | Name                                                                   |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                 | Street Address (P.O. Box Number is Not Acceptable)                     |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                 | City                                                                   |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                 | FL 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                 |                                                                        |                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                 |                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| <b>After May 1, 2005 Fee Will Be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                 |                                                                        |                                                                                                                        |  |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                 |                                                                        |                                                                                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                  |                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>HERBERT, ROBERT L JR.<br>6125 WHITE RD.<br>BROOKSVILLE FL 34602-7929 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| 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: <i>X Robert L Herbert Jr.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                 | 4-25-05 (813) 215-4486                                                 |                                                                                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                 | Date Daytime Phone #                                                   |                                                                                                                        |  |