


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90027 004 ***150.00

DOCUMENT # P04000023113	
1. Entity Name DICKIE'S PLUMBING, INC.	

Principal Place of Business 15951 PIPER LN GLEN ST MARY, FL 32040	Mailing Address 15951 PIPER LN GLEN ST MARY, FL 32040
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2. Principal Place of Business 10174 N. Hilliard Ave	3. Mailing Address 10174 N. Hilliard Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Glen St Mary FL	City & State Glen St Mary FL
Zip 32040	Zip 32040
Country Baker	Country Baker



01172006 Chg-P CR2E034 (11/05)

4. FEI Number 81-0641708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FOSTER, MORRIS L 15951 PIPER LN GLEN ST MARY, FL 32040	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER, MORRIS L 15951 PIPER LN GLEN ST MARY, FL 32040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE Morris L Foster **Morris L Foster** 2/07/06 904 6531136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #