2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State
01-24-2005 90036 039 ***158.75

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1. Entity Name
M SQUARED PLUMBING SERVICES, INC.

Principal Place of Business	Mailing Address
14115 BROKEN WING LANE PALM BEACH GARDENS, FL 33418	14115 BROKEN WING LANE PALM BEACH GARDENS, FL 33418

4UUU4b37

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
14115 Broken Wing Lane	14115 Broken Wing Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Palm Beach Gardens FL	Palm Beach Gardens FL
Zip 33418 Country USA	Zip 33418 Country

4. FEI Number 56-2438242 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRONG, MARK T 14115 BROKEN WING LANE PALM BEACH GARDENS, FL 33418	Name MARK T. STRONG Street Address (P.O. Box Number is Not Acceptable) 14115 BROKEN WING LANE PALM BEACH GARDENS City FL Zip Code 33418

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 Mark T. Strong
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STRONG, MARK T 14115 BROKEN WING LANE PALM BEACH GARDENS, FL 33418	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST PERRIN, CAMILLE 14115 BROKEN WING LANE PALM BEACH GARDENS, FL 33418	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Camille Perrin