


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90185 002 ***150.00

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| DOCUMENT # P04000034308 |  |
| 1. Entity Name TARVIN PLUMBING, INC. | |

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| Principal Place of Business 17566 JOHNSTOWN COURT FORT MYERS, FL 33912 US | Mailing Address 17566 JOHNSTOWN COURT FORT MYERS, FL 33912 US |
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40023699



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|---------------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. <i>SAME</i> | Suite, Apt. #, etc. <i>Tarvin Plumbing, Inc</i> |
| City & State <i>same</i> | City & State <i>Estero</i> |
| Zip <i>33912</i> | Zip <i>33912</i> |
| Country <i>Lee</i> | Country <i>Lee</i> |

02142005 Chg-P CR2E034 (10/03)

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| 4. FEI Number <i>75-3147385</i> | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent |
| TARVIN, LISA A 9240 BONITA BEACH ROAD SUITE 2211 BONITA SPRINGS, FL 34108 |

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| 7. Name and Address of New Registered Agent |
| Name <i>Tarvin, Lisa A</i> |
| Street Address (P.O. Box Number is Not Acceptable) <i>17566 Johnstown Ct</i> |
| City <i>Ft. Myers</i> FL <i>33912</i> |

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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 <i>Lisa Anne Charvin, Registered Agent 2/14/05</i> |

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| P, D TARVIN, BRIAN K 17566 JOHNSTOWN COURT FORT MYERS, FL 33912 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| VP D TARVIN, LISA A 17566 JOHNSTOWN COURT FORT MYERS, FL 33912 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| SEC TARVIN, LISA A 17566 JOHNSTOWN COURT FORT MYERS, FL 33912 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TRES TARVIN, LISA A 17566 JOHNSTOWN COURT FORT MYERS, FL 33912 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| SEC TARVIN, LISA A 17566 JOHNSTOWN COURT FORT MYERS, FL 33912 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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. |
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| SIGNATURE <i>Lisa Anne Charvin, D, VP</i> | Date <i>2/14/05</i> | Daytime Phone # <i>239-267-3149</i> |
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