2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P04000043170

Entity Name: MCNABB PLUMBING, INC.

Current Principal Place of Business:

2429 MILLIE AVENUE S
LEHIGH ACRES, FL 33971

New Principal Place of Business:

14160 CHANCELLOR STREET
FORT MYERS, FL 33905

Current Mailing Address:

2429 MILLIE AVENUE S
LEHIGH ACRES, FL 33971

New Mailing Address:

14160 CHANCELLOR STREET
FORT MYERS, FL 33905

FEI Number: 71-0968624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNABB, SCOTT
2429 MILLIE AVENUE S
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

MCNABB, SCOTT
14160 CHANCELLOR STREET
FORT MYERS, FL 33905 US

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.

SIGNATURE: _____ 04/27/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: MCNABB, AMY
Address: 2429 MILLIE AVENUE S
City-St-Zip: LEHIGH ACRES, FL 33971

Title: V ( ) Delete
Name: MCNABB, SCOTT
Address: 2429 MILLIE AVENUE S
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: MCNABB, AMY
Address: 14160 CHANCELLOR STREET
City-St-Zip: FORT MYERS, FL 33905

Title: VP (X) Change ( ) Addition
Name: MCNABB, SCOTT
Address: 14160 CHANCELLOR STREET
City-St-Zip: FORT MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY MCNABB PST 04/27/2005
Electronic Signature of Signing Officer or Director — Date