

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90465 008 ***150.00

DOCUMENT # P04000082648 1. Entity Name GPS PLUMBING INC			
Principal Place of Business 3815 PROCTOR ROAD SARASOTA FL 34233 US		Mailing Address 3815 PROCTOR ROAD SARASOTA FL 34233 US	
2. Principal Place of Business 1319 GEORGETOWN CIR Suite, Apt. #, etc.		3. Mailing Address P.O. Box 52616 Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34232	Country US	Zip 34232	Country US
4. FEI Number 05-0603119		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 FOXWORTHY, SCOTT R 3815 PROCTOR RD SARASOTA FL 34233		7. Name and Address of New Registered Agent Name SCOTT R FOXWORTHY Street Address (P.O. Box Number is Not Acceptable) 1319 GEORGETOWN CIR City SARASOTA FL Zip Code 34232	
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: SCOTT R FOXWORTHY 4/11/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME FOXWORTHY, SCOTT R STREET ADDRESS 3815 PROCTOR ROAD CITY-ST-ZIP SARASOTA FL 34233	<input type="checkbox"/> Delete	TITLE P NAME SCOTT R FOXWORTHY STREET ADDRESS 1319 GEORGETOWN CIR CITY-ST-ZIP SARASOTA FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME HOUILLERBECO, JUSTIN R STREET ADDRESS 4341 PINEMEADOW LANE CITY-ST-ZIP SARASOTA FL 34233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TREASURER NAME JACKIE RYAN CLARK STREET ADDRESS 5876 COUNTRYWOOD DR CITY-ST-ZIP SARASOTA FL 34232	<input type="checkbox"/> Delete	TITLE TREASURER NAME JACKIE RYAN CLARK STREET ADDRESS 5876 COUNTRYWOOD DR CITY-ST-ZIP SARASOTA FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Section 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: SCOTT R FOXWORTHY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/11/06 Daytime Phone # 321 246 7766	