

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90298 034 ***150.00

DOCUMENT # P04000093755 1. Entity Name GRANT'S PLUMBING, INC.					
Principal Place of Business 7006 ATLANTIC BLVD. JACKSONVILLE, FL 32211-8706				Mailing Address 7006 ATLANTIC BLVD. JACKSONVILLE, FL 32211-8706	
2. Principal Place of Business 9731 Sandler Road Suite, Apt. #, etc.		3. Mailing Address 9731 Sandler Road Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip 32222		City & State Jacksonville, FL Zip 32222		4. FEI Number 57-1207468	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, ERNEST R III 7006 ATLANTIC BLVD. JACKSONVILLE, FL 32211-8706				7. Name and Address of New Registered Agent Name Ernest Ross Grant III Street Address (P.O. Box Number is Not Acceptable) 9731 Sandler Road City Jacksonville FL Zip Code 32222	
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 Ernest Ross Grant III DATE 5/4/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRANT, ERNEST R III 9731 SANDLER RD. JACKSONVILLE, FL 32222	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRANT, JENNIFER 9731 SANDLER RD. JACKSONVILLE, FL 32222	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: Jennifer Grant Jennifer Grant 5/4/06 (904)449-1569 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					