2008 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-Z/P

FILED Feb 26, 2008 08:00 AN Secretary of State **DOCUMENT # P04000105435** QUALITY PLUMBING SERVICES OF NORTHWEST FLA., INC. Principal Place of Business Mailing Address 6256 CR 381 6256 CR 381 WEWAHITCHKA, FL 32465 WEWAHITCHKA, FL 32465 02182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1361394 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEWART, ERIC V DO NOT WRITE 6256 CR 381 WEWAHITCHKA, FL 32465 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SMAN STEWART, ERIC V 6256 CR 381 STREET ADDRESS CITY-ST-ZIP WEWAHITCHKA, FL 32465 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME The house have been been been STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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