2005 FOR PROFIT CORPORATION

SIGNATURE:

Aug 31, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000114211** 08-31-2005 90013 028 ***158.75 C & D EXPRESS PLUMBING, INC. Principal Place of Business Mailing Address 16 BAHIA COURT TRACE 16 BAHIA COURT TRACE JUU04443 OCALA, FL 34472 US OCALA, FL 34472 US 3. Mailing Address 2. Principal Place of Business 45th Court 4095 SE 45" Court 4095 SE Suite, Apt. #, etc. Suite, Apt. #, etc. 08262005 CR2E034 (10/03) Cha-P Suite Suite 101 Applied For City & State 4. FEI Number Florida Florida Ocala 20-1449189 Not Applicable)calo Country USA \$8.75 Additional Fee Required Country 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRAIG, CHESTER A. Street Address (P.O. Box Number is Not Acceptable) 16 BAHIA COURT TRACE OCALA, FL 34472 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition Delete TITLE TITLE CRAIG CHESTER A NAME NAME STREET ADDRESS 16 BAHIA COURT TRACE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34472 CITY-ST-7IP ☐ Addition VΡ Change TITLE □ Delete TITLE NAME CRAIG, DEBBIE J NAME STREET ADDRESS STREET ADDRESS 16 BAHIA COURT TRACE OCALA, FL 34472 CITY-ST-ZIP CITY-ST-7IP SECY ☐ Addition TITLE ☐ Change TITLE Delete CRAIG DERRIE J NAME NAME 16 BAHIA COURT TRACE STREET ADDRESS STREET ADDRESS OCALA, FL .34472... CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE CRAIG, DEBBIE J NAME NAME STREET ADDRESS 16 BAHIA COURT TRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34472 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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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