

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153258

Entity Name: PLUMBING SUPPLY, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

252 NE EGLIN PARKWAY
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

801 FALCON PLACE
FORT WALTON BEACH, FL 32547

Current Mailing Address:

P.O. BOX 96
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 06-1734445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLSON, STANLEY M
252 NE EGLIN PARKWAY
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

POLSON, STANLEY M
801 FALCON PLACE
FORT WALTON BEACH, FL 32547 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: STANLEY M. POLSON

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POLSON, STANLEY M
Address: P.O. BOX 96
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: P () Delete
Name: POLSON, STANLEY M
Address: P.O. BOX 96
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: V () Delete
Name: PARR, CHRISTA
Address: 5120 GALLIVER CUT-OFF
City-St-Zip: BAKER, FL 32531

Title: S () Delete
Name: PARR, CHRISTA
Address: 5120 GALLIVER CUT-OFF
City-St-Zip: BAKER, FL 32531

Title: T () Delete
Name: POLSON, STANLEY M
Address: P.O. BOX 96
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: V () Delete
Name: POLSON, BRIAN
Address: P.O. BOX 96
City-St-Zip: FORT WALTON BEACH, FL 32549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: STANLEY M. POLSON

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date