

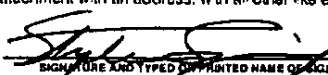
2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-20-2005 90325 023 ***150.00

P04000153620

2005 JUL 13 PM 2: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000153620 1. Entity Name SPANNINGER PLUMBING, INC.					
Principal Place of Business 11679 CLAREMONT DRIVE PORT CHARLOTTE, FL 33981			Mailing Address PO BOX 1112 ENGLEWOOD, FL 34295		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 20-1862694				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNKIN, DAVID A 170 WEST DEARBORN STREET ENGLEWOOD, FL 34223				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ By signing this document, the registered agent or the filer certifies that the filer is the owner of the corporation or the filer is authorized to act on behalf of the corporation.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SPANNINGER, STEPHAN J		NAME		
STREET ADDRESS	11679 CLAREMONT DRIVE		STREET ADDRESS		
CITY ST ZIP	PORT CHARLOTTE, FL 33981		CITY ST ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
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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)(f), 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:  SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-14-05		

7/13/05