


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90105 004 ***158.75

DOCUMENT # P05000041918	
1. Entity Name HODGES PLUMBING, INC.	

Principal Place of Business 611 DARA CIRCLE LAKE HELEN, FL 32744 US	Mailing Address 611 DARA CIRCLE LAKE HELEN, FL 32744 US
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2. Principal Place of Business 4601 E. Moody Blvd Suite C-2	3. Mailing Address 4601 E. Moody Blvd Suite C-2
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City & State Bunnell, FL	City & State Bunnell, FL
Zip 32110	Zip 32110
Country USA	Country USA



02232006 Chg-P CR2E034 (11/05)

4. FEI Number 20-328 1983	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COOK, RICHARD R 505 E. NEW YORK AVE. DELAND, FL 32724		7. Name and Address of New Registered Agent Name Roxanne Hodges Street Address (P.O. Box Number is Not Acceptable) 4601 E. Moody Blvd Suite C-2 City Bunnell FL Zip Code 32110	
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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 Roxanne Hodges <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 3-1-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGES, ROXANNE 611 DARA CIRCLE LAKE HELEN, FL 32774 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hodges, Roxanne 4601 E. moody Blvd suite C-2 Bunnell, FL 32110. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Roxanne Hodges <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 3-1-06 <small>Date</small>	Daytime Phone # 386-206-9744 <small>Daytime Phone #</small>
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