

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000106484 1. Entity Name 1ST CHOICE PLUMBING, INC						FILED 06 OCT 10 11:34 SIGNATURE TALLA			
Principal Place of Business 5126 MURIEL LN NEW PORT RICHEY, FL 34653 US				Mailing Address 5126 MURIEL LN NEW PORT RICHEY, FL 34653 US					
2. Principal Place of Business 16412 Little Dove Rd. Suite, Apt. #, etc.				3. Mailing Address 16412 Little Dove Rd. Suite, Apt. #, etc.					
City & State Brooksville, Florida Zip Country 34614 Hernando				City & State Brooksville, Florida Zip Country 34614 Hernando					
4. FEI Number 20-3238295				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CHRISTY, JAMES E 5126 MURIEL LN NEW PORT RICHEY, FL 34653				7. Name and Address of New Registered Agent Name Christy, James E Street Address (P.O. Box Number is Not Acceptable) 16412 Little Dove Rd. City Brooksville FL Zip Code 34614					
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 James E. Christy P/S 10-10-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00								In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP P/S CHRISTY, JAMES E 5126 MURIEL LN NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP P/S christy, James E 16412 Little Dove Rd. Brooksville, Florida 34614 <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 500080880025 10/16/06--01048--008 **150.00 <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: James E. Christy 10-10-06 352-596-4201 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>									