


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90008 018 \*\*\*158.75

DOCUMENT # P05000128298					
1. Entity Name RANDY DOWD PLUMBING SERVICES, INC.					
Principal Place of Business 201 MAIN STREET W DUNDEE, FL 33838		Mailing Address 201 MAIN STREET W DUNDEE, FL 33838			
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 1504</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Dundee Fla.</i>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <i>20-3686681</i>	
<i>33838</i>		<i>33838</i>	<i>Polk</i>	Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DOWD, RANDY 201 MAIN STREET W DUNDEE, FL 33838			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of New Registered Agent			Chg-P CR2E034 (11/05)		
Name <i>Billy R DOWD</i>			Applied For		
Street Address (P.O. Box Number is Not Acceptable) <i>201 W Main St</i>			Not Applicable		
City <i>Dundee</i>			FL		
			Zip Code <i>33838</i>		
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 <i>Billy R Dowd</i>		SIGNATURE <i>Billy R Dowd</i>		DATE <i>2-22-06</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOWD, RANDY	NAME			
STREET ADDRESS	201 MAIN STREET W	STREET ADDRESS			
CITY-ST-ZIP	DUNDEE, FL 33838	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHUFF-DOWD, VIRGINIA	NAME			
STREET ADDRESS	201 MAIN STREET W	STREET ADDRESS			
CITY-ST-ZIP	DUNDEE, FL 33838	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <i>Billy R Dowd</i>		SIGNATURE: <i>Billy R Dowd</i>		DATE: <i>2-22-06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
				Daytime Phone # <i>863 5575614</i>	