


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90072 018 \*\*\*158.75

<b>DOCUMENT # P06000041368</b> 1. Entity Name <b>CERTIFIED PLUMBING SYSTEMS, INC.</b>			
Principal Place of Business <b>2737 SW 13TH AVENUE CAPE CORAL, FL 33914</b>		Mailing Address <b>2737 SW 13TH AVENUE CAPE CORAL, FL 33914</b>	
2. Principal Place of Business - No P.O. Box # <b>2737 SW. 13TH Ave.</b>		3. Mailing Address <b>2737 SW. 13TH Ave</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Cape Coral, FL</b>		City & State <b>Cape Coral, FL.</b>	
Zip <b>33914</b>		Zip <b>33914</b>	
Country <b>USA.</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>LARROW, PAUL L 3501 DEL PRADO BLVD. SUITE 312 CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent Name <b>Jimmy L. Jones</b> Street Address (P.O. Box Number is Not Acceptable) <b>2737 SW. 13TH Ave</b> City <b>Cape Coral, FL</b> Zip Code <b>33914</b>	
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 <b>Jimmy L. Jones</b> <i>Jimmy L. Jones</i> <b>1/26/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when re-registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>JONES, JIMMY L</b> <b>2737 SW 13TH AVENUE</b> <b>CAPE CORAL, FL 33914</b> <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	<b>S</b> <b>JONES, ADRIENNE M</b> <b>2737 SW 13TH AVENUE</b> <b>CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Jimmy L. Jones* **1/26/07**