2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 16, 2007 8:00 am Secretary of State

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DOCUMENT # P06000095648 1. Entity Name KENNETH EDWARD AULT PLUMBING INC						05-16-2007	_	008 ***15	0.00
Principal Plac	e of Business	Mailing Address							
Principal Place of Business 203 SW CABLE WAY LAKE CITY, FL 32024		203 SW CABLE WAY LAKE CITY, FL 32024							
Principal Place of Business - No P.O. Box #									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		:	04262007	Chg-P	CR2E	34 (12/06)	
City & State		City & State		· - · · · · ·	4. FEI Numbe	48 480	8	——————————————————————————————————————	oplied For ot Applicable
Žip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	-		7. Name and	Address of New	Registered	Agent	
AULT; KENNETH E			Name	Name					
203 SW CABLE WAY LAKE CITY, FL 32024			Street	Address (I	P.O. Box Numbe	r is Not Acceptab	ole)		
40			City				FL	Zip Cod	
t: 8. The above named entity submits this statement for the purpose of changing its registered offic					ed agent, or bot	n, in the State of F		familiar with,	and accept
ine obligat	ions of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age:									
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sign	ature required	when reinstating)		DATE		
FIL	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 / ay 1, 2007 Fee will be \$550.	9. Election Campaig	n Financing	 _ \$5.	when reinstating) 00 May Be ed to Fees		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contri	n Financing	 _ \$5.	00 May Be ed to Fees	CHANGES TO OF		O DIRECTOR	S IN 11
FIL After Ma	E NOW!!!\FEE IS \$150.00 / ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contri	gn Financing bution.	 _ \$5.	00 May Be ed to Fees	CHANGES TO OF		D DIRECTOR:	S IN 11
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/07

386 697 3856

Daytime Phone #