2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 08:00 AN Secretary of State

DOCUMENT # P06000095648 1. Entity Name KENNETH EDWARD AULT PLUMBING INC					retary of Sta
Principal Place 203 SW CABI LAKE CITY, F.	LE WAY	Mailing Address 203 SW CABLE WAY LAKE CITY, FL 32024			
· Rendiger	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	R2E034 (11/05) Applied For
			3 () () () () () () () () () (20-5484808 5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current I NNETH E ABLE WAY Y, FL 32024	Registered Agent		DO NOT WRI	
8. The above the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a		ed office or register	red agent, or both, in the State of Florida.	I am familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Final Trust Fund Contribution.	noing \$5	.00 May Be led to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AULT, KENNETH E 203 SW CABLE WAY LAKE CITY, FL 32024	DIRECTORS		05/28/08-800 05/28/08-800	198 190-1009, 150, 150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC AULT, RUTH 203 SW CABLE WAY LAKE CITY, FL 32024				
NAME STREET ADDRESS CITY-ST-ZIP			A CALL	DO NOT WR	, F , , , , , , , , , , , , , , , , , ,
name Street address City-St-Zip				IN THIS SPA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					A STATE OF THE STA
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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

4/28/08

386752-8688

Daytime Phone #