## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P93000084977

**FILED** Sep 05, 2005 Secretary of State

Entity Name: ABLE PLUMBING, INC. **Current Principal Place of Business: New Principal Place of Business:** 2343 CR 416 NORTH LAKE PANASOFFKEE, FL 33538 US **Current Mailing Address: New Mailing Address:** PO BOX 588 LAKE PANASOFFKEE, FL 33538 US FEI Number: 59-3216680 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROGERS, CHARLES N 2343 CR 416 NORTH LAKE PANASOFFKEE, FL 33538 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ROGERS, CHARLES N Name: Name: 2343 CR 416 N Address: Address: City-St-Zip: LAKE PANASOFFKEE, FL 33538 City-St-Zip:

Title: ( ) Delete Title: ( ) Change (X) Addition

Name: Name: ROBERTS, KYLE AMR. Address: Address: 5554 S. LEONARD TERRACE INVERNESS, FL 34452 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES N. ROGERS **PRES** 09/05/2005