2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000037678

9 PINE COURT PLACE

City-St-Zip: OCALA, FL 34472

Address:

FILED Mar 28, 2005 Secretary of State

Entity Na	me: ALL C	OUNTY PLUMBING SERVIC	ES, INC.		
Current Principal Place of Business:			New Principal F	New Principal Place of Business:	
10559 S E OCALA, F	MARICAMF L 34472	PRD US			
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
P O BOX I CANDLEF	BOX 220 R, FL 32111	0220 US			
FEI Number	: 59-3326788	FEI Number Applied For (FEI Number Not Applicable) Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			t: Name and Addr	Name and Address of New Registered Agent:	
IRWIN, DE 5640 SE 8 OCALA, F	TH ST.	US			
	e named enti e of Florida.	ty submits this statement for	the purpose of changing its regi	stered office or registered agent, or both,	
SIGNATU	RE:				
	Elect	ronic Signature of Registered	l Agent	Date	
Election Ca	mpaign Finan	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D IRWIN, DEN 5640 SE 8T OCALA, FL	H STREET	Address: 5640	(X) Change()Addition N, DENNIS M SE 8TH STREET A, FL 34471	
Title: Name:	D DIGIUGNO.	(X) Delete MARK A	Title: Name:	() Change () Addition	

Address:

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: DENNIS M. IRWIN **PRES** 03/28/2005