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May 01, 2006 8:00 am
Secretary of State

05-01-2006 90366 013 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000043075

1. Entity Name
BONITA SPRINGS PLUMBING & GAS, INC.

400740014

Principal Place of Business	Mailing Address
~~24331 PRODUCTION CIR~~ BONITA SPRINGS, FL 34135 US	~~24331 PRODUCTION CIR~~ ~~BONITA SPRINGS, FL 34135 US~~

04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
11634 Bonita Beach Rd		21159 Braxfield Loop	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Estero, FL	
Zip	Country	Zip: 33928	Country: USA

4. FEI Number 65-0586181 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARCHETTI, JULIA R 24331 PRODUCTION CIR. BONITA SPRINGS, FL 34135	Name: Street Address (P.O. Box Number is Not Acceptable): 21159 Braxfield Loop City: Estero FL Zip Code: 33928

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 [signature] 4/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCHETTI, MICHAEL J ~~24331 PRODUCTION CIR.~~ ~~BONITA SPRINGS, FL 34135~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	21159 Braxfield Loop Estero, FL 33928	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARCHETTI, JULIA R ~~24331 PRODUCTION CIR.~~ ~~BONITA SPRINGS, FL 34135~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	21159 Braxfield Loop Estero, FL 33928	☑ Change ☐ Addition
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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] 4/27/06 239-947-7650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #