2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2006 8:00 am Secretary of State DOCUMENT # P95000065222 1. Entity Name 03-15-2006 90097 017 ***150.00 JAMES CHRISTIAN BATES PLUMBING, INC. Principal Place of Business Mailing Address 21462 EDGEWATER DRIVE PORT CHARLOTTE FL 33952 21462 EDGEWATER DRIVE PORT CHARLOTTE FL 33952 2. Principal Place of Busines 1462 Edgewa 1462 Edgewater 1st MOORE CR2E034 (10/05) Applied For 65-0604407 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BATES, JAMES 21462 EDGEWATER DR. PT. CHARLOTTE FL 33952 Tor 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 (NOTE: Registered Agent signature ILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Vice Pres. ☐ Defete TITLE ☐ Change Addition Keith H. Gerlt BATES, JAMES C NAME 22424 Laika Av. STREET ADDRESS % 21462 EDGEWATER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33952 TITLE □ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delate HEE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 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

C. Bates 3-6-06 941-661-2624

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE

FILED

ATTACHMENT 40031948