## 2007 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT . Apr 10, 2007 08:00 A Secretary of State **DOCUMENT # P96000027266** JTS PLUMBING & MECHANICAL INC. Principal Place of Business Mailing Address 12600 189TH COURT NORTH 12600 189TH COURT NORTH JUPITER, FL 33478 JUPITER, FL 33478 04062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0652897 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MITCHELL, LAUREEN T DO NOT WRITE 12600 189TH COURT NORTH JUPITER, FL 33478 IN THIS SPACE 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. Laureen T. M. tchell (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MITCHELL, THOMAS P III STREET ADDRESS C/O 12600 189TH COURT NORTH JUPITER, FL 33478 CITY-ST-ZIP TITLE NAME MITCHELL, LAUREEN T U00000697756 STREET ADDRESS C/O 12600 189TH COURT NORTH 04/18/07-80054-004 150.00 CITY-ST-7IP JUPITER, FL 33478 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE

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. Laureen T. Mitchell

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

561·744: 9050