

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90397 001 \*\*\*300.00

**DOCUMENT # P96000057455**

1. Entity Name

PLUMB-MASTERS, INC.



Principal Place of Business

~~10050 US 1~~  
ST. AUGUSTINE FL 32095

Mailing Address

955-E PALM VALLEY ROAD  
PONTE VEDRA BEACH FL 32082

0000004



2. Principal Place of Business

955-E PALM  
VALLEY ROAD

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PONTE VEDRA BCH. FL.

City & State

4. FEI Number

59-3390756

Applied For

Not Applicable

Zip

32082

Country

ST. JOHNS

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENDERSON KEASLER LAW FIRM  
4900 PABLO OAKS COURT  
SUITE FIVE  
JACKSONVILLE FL 32224

PLEASE NOTE  
CHANGE

7. Name and Address of New Registered Agent

Name

KEASLER, FRANK R. JR.

Street Address (P.O. Box Number is Not Acceptable)

10407 CENTURION PARKWAY NORTH  
SUITE 112

City

JACKSONVILLE

FL

Zip Code

32256

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, 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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CHARLES, MICHAEL  
STREET ADDRESS POST OFFICE BOX 824  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32204 ☐ Delete

TITLE VP  
NAME ~~LITTLE VANCE~~  
STREET ADDRESS 955-E PALM VALLEY ROAD  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME CHARLES, MICHAEL A. ☒ Change ☐ Addition  
STREET ADDRESS 955-E PALM VALLEY ROAD  
CITY-ST-ZIP PONTE VEDRA BCH. FL. 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael A. Charles* MICHAEL A. CHARLES

2/10/06

904-285-5054