

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000061768

1. Entity Name
DENARD & SEVER PLUMBING COMPANY



Principal Place of Business

~~4106 SOUTHSIDE BLVD~~ **4106 SOUTHSIDE BLVD**
~~JACKSONVILLE, FL 32216~~ **JACKSONVILLE, FL 32216**
320 Arlington Rd Jacksonville FL 32211 (Both)

2. Principal Place of Business

320 Arlington Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL 32211

City & State

02222006

Chg-P

CR2E034 (11/05)

Zip

32211

Country

Duval

Zip

Country

4. FEI Number
59-3389320

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

~~SEVER, DANNY W~~ **Sever Danny W**
~~4106 SOUTHSIDE BLVD.~~ **320 Arlington Rd**
~~JACKSONVILLE, FL 32216~~ **Jacksonville FL 32211**

Name

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

City

FL Zip Code

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**

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 **DPS** Delete
NAME ~~SEVER, DANNY W~~ **Sever Danny W**
STREET ADDRESS ~~4106 SOUTHSIDE BLVD~~ **320 Arlington Rd**
CITY-ST-ZIP ~~JACKSONVILLE, FL 32216~~ **Jacksonville FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** Delete
NAME **SEVER, JIM W**
STREET ADDRESS ~~4106 SOUTHSIDE BLVD~~ **320 Arlington Rd**
CITY-ST-ZIP ~~JACKSONVILLE, FL 32216~~ **Jacksonville FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** Delete
NAME **SEVER, DANNY W** **320 Arlington Rd**
STREET ADDRESS ~~4106 SOUTHSIDE BLVD~~ **Jacksonville FL**
CITY-ST-ZIP ~~JACKSONVILLE, FL 32216~~ **32211**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Danny W. Sever*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-06 904-725-2152

Date

Daytime Phone #