

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000074273

1. Entity Name
MEADOWBROOK PLUMBING, INC.



Principal Place of Business
13860 NE 38TH AVENUE
SPARR, FL 32192

Mailing Address
P.O. BOX 898
SPARR, FL 32192

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3519283

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PIETROS, LADDIE
13860 NE 38TH AVENUE
OCALA, FL 32192

Sparr

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

TITLE: D
NAME: PIETROS, LADDIE
STREET ADDRESS: 13860 NE 38TH AVE
CITY-ST-ZIP: OCALA, FL 32192

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

Sparr

TITLE: D
NAME: PIETROS, SUE A
STREET ADDRESS: 13860 NE 38TH AVE
CITY-ST-ZIP: OCALA, FL 32192

Delete

TITLE

NAME

STREET ADDRESS

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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:

Sue Ann Pietros

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 352-867-5080

Date

Daytime Phone #