2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000076869

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FT. WALTON BEACH, FL 32547

() Delete

FILED Apr 27, 2006 Secretary of State

Entity Nar	me: MASTER	S'S PLUMBING COMPANY, INC	D.				
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:			
1426 KETU NICEVILLE	JRAH E, FL 32578						
Current M	lailing Addres	ss:	New Maili	New Mailing Address:			
P.O. BOX NICEVILLE	1011 E, FL 32588						
FEI Number:	: 59-3465217	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desire	ed (X)	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
321 ST, AN	KENNETH E NDREWS DR. E, FL 32578	US					
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent,	or both,	
SIGNATUR	RE:						
	Electron	nic Signature of Registered Ag	ent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D (FRANCIS, KEN 321 ST ANDRE NICEVILLE, FL	EWS	Title: Name: Address: City-St-Zip:	P (FRANCIS, KE 321 ST ANDR NICEVILLE, F	EWS		
Title: Name: Address: City-St-Zip:	KENNEDY, DE 321 ST ANDRE NICEVILLE, FL	EWS _ 32578	Title: Name: Address: City-St-Zip:	KENNEDY, D 321 ST ANDR NICEVILLE, F	EWS L 32578 US		
Title: Name:	D (MOORE, WOO 830 DAWES R		Title: Name:	V (MOORE, WO			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FT. WALTON BEACH, FL 32547 US

SNYDER, JASON M

NICEVILLE, FL 32578 US

1314 FINK RD.

() Change (X) Addition

SIGNATURE: KENNETH FRANCIS P 04/27/2006