2005 FOR PROFIT CORPORATION

SIGNATURE:

FILED **ANNUAL REPORT** Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # P97000090088 S.M. BETROS PLUMBING COMPANY, INC. Principal Place of Business Mailing Address 8323 RAMONA BLVD 8323 RAMONA BLVD JACKSONVILLE, FL 32221 JACKSONVILLE, FL 32221 02022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Numper Applied For 59-3473889 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BETROS, STEPHEN M DO NOT WRITE 8323 RAMONA BLVD JACKSONVILLE, FL 32221 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. SIGNATURE _ Signature, typed or printed hame of registered agent and Life if applicable. (NOTE: Regislated Agent agreature required when reinelating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BETROS, STEPHEN M STREET ADDRESS 1149 WEDGEWOOD RD CITY-ST ZIP JACKSONVILLE, FL 32259 U00000286565 TITLE 04/04/05-80032-019 150.00 LABIF STREET ADDRESS CITY ST ZIP TITLE KAME STREET ADDRESS DO NOT WRITE CITY ST ZIP TITLE IN THIS SPACE HAME STREET ADDRESS CITY-ST ZIP TITLE STREET ADDRESS CITY ST 7IP TITLE NAME STREET ADDRESS CITY ST. ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(1), 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 given like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR