


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90053 008 ***150.00

DOCUMENT # P98000108017	
1. Entity Name BENCH MARK PLUMBING OF BAY COUNTY INC.	

Principal Place of Business 717 BRANDER'S AVE PANAMA CITY, FL 32405	Mailing Address PO BOX 1018 LYNN HAVEN, FL 32444
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2. Principal Place of Business - No P.O. Box # 3509 D STREET	3. Mailing Address 717 Brande's Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Panama City, FL.	City & State Panama City, FL.
Zip 32405	Zip 32405
Country US - Bay	Country Bay U.S.



04202007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3548752		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FRAZIER, CHARLES R 717 BRANDER'S AVE PANAMA CITY, FL 32405		
7. Name and Address of New Registered Agent 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 Glenda C. Frazier - ST (NOTE: Registered Agent signature required when reinstating)

DATE 4-18-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT FRAZIER, CHARLES R SR 409 W 9TH ST LYNN HAVEN, FL 32444.. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT FRAZIER, Charles R., SR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 717 Brande's Ave. Panama City, FL. 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS KENDRICK, BOBBY E <input type="checkbox"/> Delete 500 HARRISON PL PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS Kendrick, Bobby E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1018 Lynn Haven, FL. 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FRAZIER, GLENDA C <input type="checkbox"/> Delete 409 W 9TH ST. LYNN HAVEN, FL. 32444	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Frazier, glenda C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 717 Brande's Ave. Panama City, FL. 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Glenda C. Frazier Sec. Treas.
Glenda C. Frazier, ST

DATE 4-18-07 DAYTIME PHONE # 850-785-0132