## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # P99000023623** 02-13-2006 90042 021 \*\*\*150.00 1. Entity Name DATTILE PLUMBING, INC. Principal Place of Business Mailing Address quur 11718 46TH PLACE NORTH 11718 46TH PLACE NORTH ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 2. Principal Place of Business 3. Mailing Address 1100 FRIRVIEW 1100 F Suite, Apt. #, etc Suite, Apt. #, etc 01172006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For 59-3207822 Not Applicable Zip 33 \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUX, RICHARD Street Address (P.O. Box Number is Not Acceptable) 19635 STATE ROAD 7, SUITE 42 BOCA RATON, FL 33498 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PVD Delete TITLE Change ☐ Addition NAME DATTILE, DOUGLAS A NAME STREET ADDRESS 11718 46TH PLACE NORTH STREET ADDRESS 100 FOIRUREN LANG CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP SINGER ISLAND, FL STD Change TITLE ☐ Delete TITLE ☐ Addition DATTILE, DEBRA V NAME NAME STREET ADDRESS 11718 46TH PLACE NORTH STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET AUURESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED Feb 13, 2006 8:00 am