
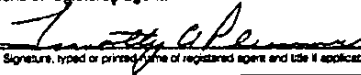



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
07-05/2005; 90118 026 \*\*\*158.75  
FILED P99000080204

05 JUL 18 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000080204</b>			
1. Entity Name TAP PLUMBING, INC.			
Principal Place of Business 13234 SW 203 ST. MIAMI, FL 33177		Mailing Address P.O. BOX 770516 MIAMI, FL 33177-9998	
2. Principal Place of Business		3. Mailing Address 13234 SW 203 St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami FL	
Zip	Country	Zip	Country
33177		33177	Dade
4. FEI Number 65-0946823		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PLUMMER, TIMOTHY A 746 SW 7TH TERR HOMESTEAD, FL 33034		7. Name and Address of New Registered Agent Name: Plummer, Timothy A. Street Address (P.O. Box Number is Not Acceptable) 13234 SW 203 St City: Miami FL Zip Code: 33177	
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:  TIMOTHY A. PLUMMER 07/01/05		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PLUMMER, TIMOTHY A 13234 SW 203 ST. FLORIDA CITY, FL 33034 <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
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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 exemption stated in Section 119.07(3)(i), 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:  TIMOTHY A. PLUMMER 07/01/05 305-232-5658		DATE	