2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # S24825 1. Entity Name JAY'S PLUMBING, INC. Principal Place of Business Mailing Address P O BOX 1762 P O BOX 1762 BELLE GLADE FL 33430 BELLE GLADE FL 33430 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Soite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0256608 Not Applicable Zip Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONGLETON, JAY M. Street Address (P.O. Box Number is Not Acceptable) 965 TABIT ROAD BELLE GLADE FL 33430 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 _______ registure, typed or printed neare of registered recent and till ell amplicable (NOTE: Registered Agent eigentum required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TIRE Change | ☐ Addition NAME CONGLETON, JAY M. NAME STREET ADDRESS 965 TABIT ROAD STREET ADDRESS CITY-ST-ZIP BELLE GLADE FL 33430 CITY - ST - ZIP 000000918176 TITLE Darete TITLE Change Addition 05/13/08-80072-006[,] 150, NAME BAKER, LORI NAME STREET ADDRESS 965 TABIT ROAD STREET ADDRESS CITY-ST-ZIP BELLE GLADE FL 33430 CITY-ST-ZIP HTI F Derete IIILE ☐ Change Addition NAME LEWIS, MATTHEW B NAME STREET ADDRESS 313 SE 7 ST N STREET ADDRESS CITY-ST-7IP BELLE GLADE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREE! ADDRESS CITY - ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

indicated on this report or suppliemental 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 of 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.