


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90030 035 ***150.00

DOCUMENT # S34415 1. Entity Name JAMES SAVNIK, JR. PLUMBING, INC.	
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Principal Place of Business 3400 NORTH US 1 STE. 6 BUNNELL, FL 32110 US	Mailing Address 3400 NORTH US 1 STE. 6 BUNNELL, FL 32110 US
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2. Principal Place of Business 1120 County Road 305 Suite, Apt. #, etc.	3. Mailing Address 1120 County Road 305 Suite, Apt. #, etc.
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City & State Bunnell Florida	City & State Bunnell FL
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Zip 32110	Country Flagler	Zip 32110	Country Flagler
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8. Name and Address of Current Registered Agent SUSAN L. SAVNIK 2 A RIDDLE DR. PALM COAST, FL 32164	7. Name and Address of New Registered Agent Name Susan L. Savnik Street Address (P.O. Box Number is Not Acceptable) 190 County Road 35 City Bunnell FL Zip Code 32110
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P SAVNIK, SUSAN L 2-A RIDDLE DRIVE PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Susan L. Savnik 190 County Road 35 Bunnell, FL 32110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRAGG, SUSAN 1667 MISTLETOE STREET BUNNELL, FL 32110 <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	T SAVNIK, SUSAN L 2-A RIDDLE DRIVE PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Susan L. Savnik 190 County Road 35 Bunnell, FL 32110 <input checked="" 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
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: Susan L. Savnik 4/4/05 386 586-7710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #