2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 23, 2007 8:00 am Secretary of State DOCUMENT # \$34415 1. Entity Name 04-23-2007 90070 040 ***150.00 JAMES SAVNIK, JR. PLUMBING, INC. Principal Place of Business Mailing Address 1120 COUNTY RD 305 1120 COUNTY RD 305 BUNNELL FL 32110 BUNNELL FL 32110 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, ctc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number 59-3060475 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUSAN L. SAVNIK Street Address (P.O. Box Number is Not Acceptable) 190 COUNTY RD 35 BUNNELL FL 32110 Zip Code 32131 PalatKa 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 fifle it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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 Delete TITLE **X** Change ☐ Addition SAVNIK, SUSAN L susan L. Saunik NAME NAME 228 RIVET Drive 190 COUNTY RD 35 STREET ADDRESS STREET ADDRESS **BUNNELL FL 32110** CITY-ST-ZIP CITY - ST - ZIP East Palatka, FL 32131 THE ☐ Delete TITLE Change Addition BRAGG, SUSAN NAME NAME 1667 MISTLETOE STREET STREET ADDRESS STREET ADDRESS **BUNNELL FL 32110** CITY-ST-ZIP CITY-ST-ZIP VOO Delele TITLE Change Addition LYNCH, JOHN F NAME NAME **5 SMYRNA COURT** STREET ADDRESS STREET ADDRESS PALM COAST FL 32164 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITU ☐ Delete HILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP hereby 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 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

386-586-7710