


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

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| DOCUMENT # V06716 1. Entity Name JIM'S PLUMBING OF NAVARRE, INC. |  |
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| Principal Place of Business 1888 COMMODORE STREET NAVARRE, FL 32566 US | Mailing Address 1888 COMMODORE STREET NAVARRE, FL 32566 US |
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-3099730 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

8. Name and Address of Current Registered Agent

SPENGLER, JAMES H., JR
 1888 COMMODORE STREET
 NAVARRE, FL 32566

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and (be if applicable) (NOTE: Registered Agent signature required when reinstating)

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 | 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVP SPENGLER, JAMES H., JR 1888 COMMODORE DR NAVARRE, FL 32566 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST SPENGLER, LINDA L 1888 COMMODORE DR NAVARRE, FL 32566 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP SPENGLER, J. CRAIG 1888 COMMODORE DR NAVARRE, FL 32566 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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01/11/06-80077-013 150.00

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.

SIGNATURE: James H. Spengler Jr. 7 JAN 06 850 939-9155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #