2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 01, 2008 08:00 AN **Secretary of State DOCUMENT #V34632** A & G PROFESSIONAL PLUMBING SERVICE, INC. Principal Place of Business Mailing Address 111 LYNN DR P 0 B0X 1627 **NEALLEY BUSINESS VILLAGE** SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 in a grand a grand filosophic fil No Chg-P 02062008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For with a garage of a garage of a common of the control of the contro 59-3129022 Not Applicable tion the common was in a consequent of the common to the common of the c \$8.75 Additional 5. Certificate of Status Desired Fee Required The Roman State of the Representation of the State of State of the second 6. Name and Address of Current Registered Agent Caral throw in the service of the factor of the contract of th TAYLOR, ALLEN DO NOT WRITE 718 GAINOUS ROAD policie de la company PANAMA CITY BEACH, FL 32413 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE TAYLOR, ALLEN NEIL NAME STREET ADDRESS 718 GAINOUS RD produce contract to the second of the second CITY-ST-ZIP PANAMA CITY, FL 32413 a separate property and the separate of the second separate second secon TITLE kalandari NAME BRYANT, GARY LEE 8227 LAIRD ST. STREET ADDRESS . त्योष्ट्री महित्या है अवस्था अन्त्री किस्सी विस्तानकों है द्वारा के सुधार्मी का स्थान है वसके रेसूक का दूर रहे CITY-ST-ZIP PANAMA CITY BCH., FL 32408 医外腺性 医神经病 不知道的 医小鸡性小鸡 不知道的人的现在分词 TITLE NAME grafilia propertion a designation for the construction of the cons STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE ktigete et set die etgene begigt der jeste er state i die die gegen des state i som de mongen in der van Designings von de gegen die gegen die gegen die gegen die gegen de gegen de gegen de die gegen de de die gegen STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS Leaving the committee of CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE

NAME STREET ADDRESS

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