


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 141745</b> 1. Entity Name <b>HANLON PLUMBING CO.</b>					
Principal Place of Business <b>2550 W 78 STREET BAY # 3 HIALEAH FL 33014</b>			Mailing Address <b>18165 NW 81 CT HIALEAH FL 33015</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0281198</b> <div style="float: right; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JOHNSON, WILLIAM D. 18165 NW 81 CT HIALEAH FL 33015</b>			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when (a) initialing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete				
NAME	JOHNSON, WILLIAM D.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS	18165 NW 81 CT	STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33015	CITY-ST-ZIP			
TITLE	VST <input type="checkbox"/> Delete				
NAME	JOHNSON, JOYCE ANN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS	18165 NW 81 CT	STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33015	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete				
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete				
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete				
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I 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 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <i>William D. Johnson</i> WILLIAM D. JOHNSON 03-28-06 (305) 824-_____</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Day/Mo/Yr</small>	



1st MOORE CR2E034 (10/05)

4. FEI Number **59-0281198**  Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>JOHNSON, WILLIAM D. 18165 NW 81 CT HIALEAH FL 33015</b>		Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <span style="float: right;"><b>FL</b></span> Zip Code	

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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May be Added to Fees
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TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	JOHNSON, WILLIAM D.	NAME	
STREET ADDRESS	18165 NW 81 CT	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33015	CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	JOHNSON, JOYCE ANN	NAME	
STREET ADDRESS	18165 NW 81 CT	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33015	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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**SIGNATURE: *William D. Johnson* WILLIAM D. JOHNSON 03-28-06 (305) 824-\_\_\_\_\_**

Date Day/Mo/Yr