


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000050795**

1. Entity Name  
**HOMETOWN PLUMBING, LLC**



Principal Place of Business  
**1715 RIVERSIDE DR.  
 ENGLEWOOD, FL 34223**

Mailing Address  
**FARR FARR EMERICH-DOROTHY KORSZEN  
 P.O. DRAWER 511447  
 PUNTA GORDA, FL 33950**



01132006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-9603568</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KORSZEN, DOROTHY L ESQ  
 FARR, FARR, EMERICH, ET AL  
 99 NESBIT ST  
 PUNTA GORDA, FL 33950**

**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 title if applicable (NOTE: Registered Agent signature required when reselecting)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HOYT, WAYNE C MR. 1715 RIVERSIDE DR. ENGLEWOOD, FL 34223</b>
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 04/25/06-80025-011 50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: X** *Wayne C. Hoyt* **1-28-06 941-586-7087**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #