# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 17, 2006 08:00 AM Secretary of State

DOCUMENT	#P9600002577	′3

 Enlity Name WILLIAM HORACHEK PLUMBING, INC.



Principal Place of Business

29837 JOURNEY'S END ROAD BIG PINE KEY, FL 33043

Mailing Address

PO BOX 420307

SUMMERLAND KEY, FL 33042



#### DO NOT WRITE IN THIS SPACE

02182006	No Chg-P	CR2E034	(11/05)
I. FEI Number	<del></del>		Applied For
65-0655	072		Not Applicabl

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORACHEK, WILLIAM R 19837 JOURNEY'S END ROAD 11G PINE KEY, FL 33043		_	DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the stions of registered agent.	ourpose of changing its	s registered office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
	Signature, typed or printed name of registered agent and whe	# applicable (NO)	FE. Registered Agent signature	required when remetaling)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campa Trust Fund Con	• • —	\$5.00 May 8e Added to Fees	HAAAAA	
10.	OFFICERS AND DIRE	CTORS .				
itle Kame Street address HTY-ST-ZIP	D HORACHEK, WILLIAM 29837 JOURNEY'S END ROAD BIG PINE KEY, FL 33043					
IKLE HAME STREET ADDRESS STY-ST-21P						

### DO NOT WRITE IN THIS SPACE

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.

	 		_
61	ΔΤΙ	10	┖.
	 		•

me NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP ITHE NAME STREET ADDRESS CITY-ST-ZIP TIBLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

JILLIAM. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR