2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90401 020 ***150.00

DOCUMENT # 141745

1. Entity Name
HANLON PLUMBING CO.

Principal Place of Business	Mailing Address
729 SW 12TH AVENUE MIAMI, FL 33130	729 SW 12TH AVENUE MIAMI, FL 33130

03172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2550 W 78 ST		18165 NW 81 CT	
Suite, Apt. #, etc. BAY #3		Suite, Apt. #, etc.	
City & State HIALEAH FL		City & State HIALEAH FL	
Zip 33014	Country USA	Zip 33015	Country USA

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

JOHNSON, WILLIAM D.
729 SW 12TH AVENUE
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name JOHNSON, WILLIAM D.
Street Address (P.O. Box Number is Not Acceptable) 18165 NW 81 CT
City HIALEAH FL Zip Code 33015

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, WILLIAM D. 729 SW 12TH AVENUE MIAMI, FL 33130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, WILLIAM D 18165 NW 81 CT HIALEAH FL 33015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST JOHNSON, JOYCE ANN 729 SW 12TH AVENUE MIAMI, FL 33130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST JOHNSON, JOYCE ANN 18165 NW 81 CT HIALEAH FL 33015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] WILLIAM D. JOHNSON 03/25/04 (305)824-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #