2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #236670

1. Entity Name

HENRY GONZALEZ PLUMBING CO., INC.



FILED May 02, 2006 08:00 Al Secretary of State

Principal Place of Business

Business Mailing Address

HENRY D GONZALEZ IR 2119 W COLUMBUS DR TAMPA, FL 33607 HENRY D GONZALEZ IR 2119 W COLUMBUS DR TAMPA, FL 33607



DO NOT WRITE IN THIS SPACE

05012006 No Chg-P CR2E034 (11/05)

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5. Certificate of Status Desired

\$8.75 Additional Fee Required

Z HENRY JR

8. Name and Address of Current Registered Agent

GONZALEZ, HENRY JR 2119 WEST COLUMBUS DRIVE TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	surpose of changing its registere	ed office or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Sonature, typed or printed name of registered agent and title is	fenoticable (NOTE: Sovetore	d Accord to continu	a manusadukan ramatat ma)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. St.00 May Bo Added to Fees St.00 May Bo A			DATE
10,	OFFICERS AND DIREC	TORS	I		dan a y a c c c c c c c c c c c c c c c c c
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, HENRY JR. 2119 W. COLUMBUS DR. TAMPA, FL				HUUUUUEEdues
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	V GONZALEZ, JOSEPH H 2119 W. COLUMBUS DR. TAMPA, FL 33607				05/17/06-80121-021 150.00
NAME STREET ADDRESS CITY-SI-ZIP	D GONZALEZ, JONADEAN 2119 W. COLUMBUS DR. TAMPA, FL			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE					

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.

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STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>5/1/06</u>

(N3)251-1980