


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90026 042 ***150.00

DOCUMENT # 543888 1. Entity Name HORVATH PLUMBING COMPANY, INC.					
Principal Place of Business % EMERICH HORVATH 305 S.W. 11TH STREET FT. LAUDERDALE FL 33315			Mailing Address % EMERICH HORVATH 305 S.W. 11TH STREET FT. LAUDERDALE FL 33315		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1769349	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HORVATH, EMERICH 305 S.W. 11TH ST. FT. LAUDERDALE FL 33315				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORVATH, EMERICH		NAME		
STREET ADDRESS	305 S.W. 11TH ST.		STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL		CITY - ST - ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORVATH, ELIZABETH K.		NAME		
STREET ADDRESS	305 S.W. 11TH ST.		STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL		CITY - ST - ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORVATH, ELIZABETH K.		NAME		
STREET ADDRESS	305 S.W. 11TH ST.		STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORVATH, EMERICH		NAME		
STREET ADDRESS	305 S.W. 11TH ST.		STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORVATH, KALMAN		NAME		
STREET ADDRESS	248 S.W. 22ND ST.		STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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 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: <i>Elizabeth K. Horvath</i> ELIZABETH K. HORVATH 3/14/04 523-2407					

29044103



MOORE CR2E034 (11/03)

Applied For
Not Applicable

FL Zip Code

\$5.00 May Be Added to Fees

954

Date

Daytime Phone #