

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 20, 2005 8:00 am
Secretary of State

03-28-2005 90055 039 ***150.00

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1st MOORE CR2E034 (10/04)

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		
Zip	Country	Zip	Country	4. FEI Number 59-1769349	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORVATH, EMERICH 305 S.W. 11TH ST. FT. LAUDERDALE FL 33315			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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					
TITLE	D <input type="checkbox"/> Delete				
NAME	HORVATH, EMERICH				
STREET ADDRESS	305 S.W. 11TH ST.				
CITY- ST- ZIP	FT. LAUDERDALE FL				
TITLE	VD <input type="checkbox"/> Delete				
NAME	HORVATH, ELIZABETH K.				
STREET ADDRESS	305 S.W. 11TH ST.				
CITY- ST- ZIP	FT. LAUDERDALE FL				
TITLE	S <input type="checkbox"/> Delete				
NAME	HORVATH, ELIZABETH K.				
STREET ADDRESS	305 S.W. 11TH ST.				
CITY- ST- ZIP	FT. LAUDERDALE FL				
TITLE	T <input type="checkbox"/> Delete				
NAME	HORVATH, EMERICH				
STREET ADDRESS	305 S.W. 11TH ST.				
CITY- ST- ZIP	FT. LAUDERDALE FL				
TITLE	D <input type="checkbox"/> Delete				
NAME	HORVATH, KALMAN				
STREET ADDRESS	248 S.W. 22ND ST.				
CITY- ST- ZIP	FT. LAUDERDALE FL				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
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 <u>ELIZABETH K. HORVATH</u> 4/16/2005 954 523-2467					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					