

2006 FOR PROFIT CORPORATION ANNUAL REPORT


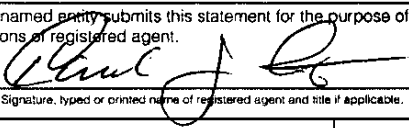
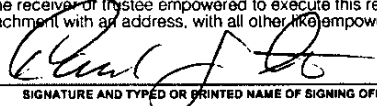
FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90026 035 ***550.00

60038466



08162006 Chg-P CR2E034 (11/05)

DOCUMENT # 561689					
1. Entity Name HF PLUMBING & PUMP CO., INC.					
Principal Place of Business 991 S PACKING HOUSE RD, UNIT 2 SARASOTA, FL 34232			Mailing Address 991 S PACKING HOUSE RD, UNIT 2 SARASOTA, FL 34232		
2. Principal Place of Business 2198 PRINCETON ST		3. Mailing Address 2198 PRINCETON ST			
Suite, Apt. #, etc. #3		Suite, Apt. #, etc. #3			
City & State SARASOTA FL		City & State SARASOTA FL			
Zip 34237		Country FLORIDA		4. FEI Number 59-1789783	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FETT, JR., HAROLD J. 991 S PACKING HOUSE RD, UNIT 2 SARASOTA, FL 34232			7. Name and Address of New Registered Agent Name HAROLD J FETT Street Address (P.O. Box Number is Not Acceptable) 2198 PRINCETON ST #3 City SARASOTA FL Zip Code 34237		
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:  DATE: 08-31-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DS FETT, ELAINE J 991 S PACKINGHOUSE RD #2 SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FETT, HAROLD J JR 991 S PACKINGHOUSE RD #2 SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAROLD J FETT 2198 PRINCETON ST #3 SARASOTA FL 34237 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 (s) empowered.					
SIGNATURE: 		08-31-06		(941)313-1404	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	