

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 587808

1. Entity Name

HARMON & THACKER PLUMBING COMPANY



FILED

Jan 24, 2005 08:00 AM
Secretary of State

HARMON & THACKER PLUMBING
140 Lutz Lake Fern Road W
Lutz, FL 33548-4201

HARMON & THACKER PLUMBING
140 Lutz Lake Fern Road W
Lutz, FL 33548-4201



1st MOORE

CR2E034 (10/04)

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

59-1854735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARMON, DAVID K.
17616 EAGLE LANE
LUTZ FL 33549

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME HARMON, DAVID K.
STREET ADDRESS 17616 EAGLE LANE
CITY- ST- ZIP LUTZ FL

TITLE ☐ Change ☐ Addition
NAME U00000193228
STREET ADDRESS 01/25/05-80051-021 150.00
CITY- ST- ZIP

TITLE VD ☐ Delete
NAME THACKER, WILLIAM D., JR
STREET ADDRESS 5323 EAGLE LANE
CITY- ST- ZIP LAND O LAKES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE STD ☐ Delete
NAME HARMON, GLORIA
STREET ADDRESS 17616 EAGLE LANE
CITY- ST- ZIP LUTZ FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Change ☐ 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)(f), 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:

Gloria Harmon

Secy & Director 1-26-05

8/13

949-7736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #