

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

DOCUMENT # 587808

1. Entity Name

HARMON & THACKER PLUMBING COMPANY



02-06-2006 90092 002 ***150.00

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

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140 Lutz Lake Fern Road W
Lutz, FL 33548-4201



2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E034 (10/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1854735	
Zip		Country		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		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 DAVID K. HARMON Pres DATE 1-24-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, DAVID K.	NAME	
STREET ADDRESS	17616 EAGLE LANE	STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THACKER, WILLIAM D., JR	NAME	
STREET ADDRESS	5323 EAGLE LANE	STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, GLORIA	NAME	
STREET ADDRESS	17616 EAGLE LANE	STREET ADDRESS	
CITY-ST-ZIP	LUTZ 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	
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	
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 exemptions contained in Section 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.

SIGNATURE: David K Harmon DAVID K. HARMON Pres. DATE 1-24-06 DAYTIME PHONE # 813 949-7736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR