

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90535 001 ***158.75
04-13-2006 90535 002 ****50.00

DOCUMENT # G57173

1. Entity Name
CHARLOTTE PLUMBING, INC.



Principal Place of Business
**C/O JACK O. HACKETT, II
99 NESBIT STREET
PUNTA GORDA, FL 33950**

Mailing Address
**99 NESBIT STREET
PUNTA GORDA, FL 33950 US**

66009982



2. Principal Place of Business
1266 MARKET CIR
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

03272006 Chg-P CR2E034 (11/05)

City & State
PORT CHARLOTTE FL
33953 Country
USA

City & State
Same
Zip
33953 Country
USA

4. FEI Number
59-2327525 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HACKETT, JACK O., II
99 NESBIT STREET
PUNTA GORDA, FL 33950**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD THORNBERRY, THOMAS P. 1266 MARKET CIR. PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THORNBERRY, LINDA C 1266 MARKET CIR. PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS P. THORNBERRY, PRESIDENT

4/4/06 941-625-9981
Daytime Phone #

2006 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # G57173 1. Entity Name CHARLOTTE PLUMBING, INC.					
Principal Place of Business C/O JACK O. HACKETT, II 99 NESBIT STREET PUNTA GORDA, FL 33950			Mailing Address 99 NESBIT STREET PUNTA GORDA, FL 33950 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="text-align: right; font-size: 1.2em; margin-bottom: 10px;">6600 9982</div> <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 10px;"></div> <div>03272006 Chg-P CR2E034 (11/05)</div>	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2327525	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HACKETT, JACK O., II 99 NESBIT STREET PUNTA GORDA, FL 33950			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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		
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THOMAS P. THORNBERRY, PRESIDENT					