

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # H83177

**1. Entity Name
DONNIE DANIELS PLUMBING, INC.**



**Principal Place of Business
4411 TAMI LANE
KISSIMMEE, FL 34746 US**

**Mailing Address
P O BOX 490
INTERCESSION CITY, FL 33848 US**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-2589550** ☐ **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

**RITCH, JOHN B
100 CHURCH ST
KISSIMMEE, FL 34741**

**DO NOT WRITE
IN THIS SPACE**

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, 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	PT
NAME	JIMMY R DANIELS
STREET ADDRESS	1836 DANIELS ST
CITY - ST - ZIP	KISSIMMEE, FL 34746
TITLE	S
NAME	PAULETTE HANCOCK
STREET ADDRESS	1621 CHARITY ST
CITY - ST - ZIP	INTERCESSION CITY, FL 33848
TITLE	VP
NAME	THOMAS HANCOCK
STREET ADDRESS	3551 FORREST DRIVE
CITY - ST - ZIP	KISSIMMEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000415995
02/11/06-80107-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Paulette Hancock
1/31/06 407-847-0339
Date Daytime Phone #