2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # J10706

1. Entity Name

S & S PLUMBING OF HERNANDO COUNTY, INC.



FILED Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business 36 COMMERCIAL WAY SPRING HILL, FL 34606 Mailing Address

PO BOX 5725

SPRING HILL, FL 34611-5725



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04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2677126

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUMMERS, STEVE 36 COMMERCIAL WAY SPRING HILL, FL 33526

## DO NOT WRITE IN THIS SPACE

		ţ	IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the p lions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title to	applicable. (NOTE: Registered	Agent signature	s required when reinstating)	DATE	
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		······	to the same of the	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS SUMMERS, STEVE 13203 DOWNY WOODPECKER RD BROOKSVILLE, FL 34614				U00000543480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/10/06-80139-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE	]					

12. I hereby certify that the information supplied with this filling 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 another 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!

NAME STREET ADDRESS CITY-ST-ZIP

STEVE SUMMERS

x 4.74.06

Date

Oxytime Phone #