

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-13-2006 90288 017 ***158.75

DOCUMENT # J82420

1. Entity Name

HARRIS PLUMBING, INC.



Principal Place of Business

5431 NW 15TH ST
BAY #1
MARGATE FL 33063
US

Mailing Address

5431 NW 15TH ST
BAY #1
MARGATE FL 33063
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2844445

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

HARRIS, RANDY D
10235 LAKEINA RD
DELRAY BEACH FL 33446

Name

Harris, Randy D.

Street Address (P.O. Box Number is Not Acceptable)

2023 N.W. 68th AVE.

City

MARGATE

FL

Zip Code

33063

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

Randy D. Harris

Randy D. Harris President

4-6-06

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

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	P	<input type="checkbox"/> Delete
NAME	HARRIS, RANDY D	
STREET ADDRESS	10235 LAREINA RD	
CITY-ST-ZIP	DELRAY BCH FL 33446	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEVERTEUIL, JOSEPH	
STREET ADDRESS	855 NE 76TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIS, LEEANN	
STREET ADDRESS	10235 LAREINA RD	
CITY-ST-ZIP	DELRAY BCH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, Randy D.	
STREET ADDRESS	2023 N.W. 68th AVE	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, LEEANN	
STREET ADDRESS	2023 N.W. 68th AVE	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Lee Ann Harris Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06

Date

954-978-6745

Daytime Phone #