

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90173 026 ***150.00

DOCUMENT # L18148 1. Entity Name HERNANDO PLUMBING, INC.		 4	
Principal Place of Business 3445 EAGLE NEST DRIVE SPRING HILL, FL 34607 US		Mailing Address 3445 EAGLE NEST DRIVE SPRING HILL, FL 34607 US	
2. Principal Place of Business - No P.O. Box # 13374 Ruffed Grouse Rd		3. Mailing Address 13374 Ruffed Grouse Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Brooksville FL		City & State Brooksville FL	
Zip 34614		Zip 34614	
Country USA		Country USA	
4. FEI Number 59-2972411		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAFKE, TIMOTHY H 3445 EAGLE NEST DRIVE HERNANDO BEACH, FL 34607		7. Name and Address of New Registered Agent Name 13374 Ruffed Grouse Road City Brooksville FL 34614	
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: TIMOTHY HAFKE x4-30-08 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE PD <input type="checkbox"/> Delete NAME HAFKE, MAUREEN STREET ADDRESS 3445 EAGLE NEST DR. CITY-ST-ZIP HERNANDO BEACH, FL 34607	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 13374 Ruffed Grouse Rd STREET ADDRESS Brooksville FL 34614 CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME HAFKE, TIMOTHY H STREET ADDRESS 3445 EAGLE NEST DR. CITY-ST-ZIP HERNANDO BEACH, FL 34607	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 13374 Ruffed Grouse Rd STREET ADDRESS Brooksville FL 34614 CITY-ST-ZIP
TITLE T <input type="checkbox"/> Delete NAME PONKEY, JOSEPH J STREET ADDRESS 11194 PERSIMMON CITY-ST-ZIP BROOKSVILLE, FL 34613	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE AT <input type="checkbox"/> Delete NAME PONKEY, JEFFREY STREET ADDRESS 9272 MICHIGAN AVE. CITY-ST-ZIP BROOKSVILLE, FL 34613	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ZVP <input type="checkbox"/> Delete NAME WHITE, TOMMY STREET ADDRESS 3445 EAGLE NEST DRIVE CITY-ST-ZIP SPRING HILL, FL 34607	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 13374 Ruffed Grouse Rd STREET ADDRESS Brooksville FL 34614 CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete 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 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: TIMOTHY HAFKE x4-30-08 2796887 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	