

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18148

Entity Name: HERNANDO PLUMBING, INC.

FILED  
Mar 11, 2009  
Secretary of State

## Current Principal Place of Business:

13374 RUFFED GROUSE ROAD  
BROOKSVILLE, FL 34614 US

## New Principal Place of Business:

9271 LONG LAKE AVENUE  
BROOKSVILLE, FL 34613 US

## Current Mailing Address:

13374 RUFFED GROUSE ROAD  
BROOKSVILLE, FL 34614 US

## New Mailing Address:

9271 LONG LAKE AVENUE  
BROOKSVILLE, FL 34613 US

FEI Number: 59-2972411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAFKE, TIMOTHY H  
13374 RUFFED GROUSE ROAD  
BROOKSVILLE, FL 34614 US

## Name and Address of New Registered Agent:

HAFKE, TIMOTHY H  
9271 LONG LAKE AVENUE  
BROOKSVILLE, FL 34613 US

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.

SIGNATURE:

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HAFKE, MAUREEN,  
Address: 13374 RUFFED GROUSE ROAD  
City-St-Zip: BROOKSVILLE, FL 34614

Title: VSD ( ) Delete  
Name: HAFKE, TIMOTHY H  
Address: 13374 RUFFED GROUSE ROAD  
City-St-Zip: BROOKSVILLE, FL 34614

Title: T (X) Delete  
Name: PONKEY, JOSEPH J  
Address: 11194 PERSIMMON  
City-St-Zip: BROOKSVILLE, FL 34613

Title: AT (X) Delete  
Name: PONKEY, JEFFREY  
Address: 9272 MICHIGAN AVE.  
City-St-Zip: BROOKSVILLE, FL 34613

Title: 2VP (X) Delete  
Name: WHITE, TOMMY  
Address: 13374 RUFFED GROUSE ROAD  
City-St-Zip: BROOKSVILLE, FL 34614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HAFKE, MAUREEN,  
Address: 9271 LONG LAKE AVENUE  
City-St-Zip: BROOKSVILLE, FL 34613

Title: VSD (X) Change ( ) Addition  
Name: HAFKE, TIMOTHY H  
Address: 9271 LONG ALKE AVENUE  
City-St-Zip: BROOKSVILLE, FL 34613

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN HAFKE

PD

03/11/2009

Electronic Signature of Signing Officer or Director

Date