## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 27, 2008 8:00 am DOCUMENT # P00000062884 **Secretary of State** 02-27-2008 90019 013 \*\*\*150.00 HARTNETT & CO. PLUMBING, INC. Principal Place of Business Mailing Address P O BOX 1437 BOYNTON BEACH FL 33425-1437 3844 TUCKS RD BOYNTON BCH FL 33436 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEi Number 65-0094885 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTNETT PHILLIP TOM HARTNETT, PHILLIP TOM 4628 GLENEAGLES DR. BOYNTON BCH FL 33436 Street Address (P.O. Box Number is Not Acceptable) 1104 HERNANDO STREET Zip Code 34949 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poin, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or prened name of registered agent and the ill applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Derete TITLE ☐ Change ☐ Addition HARTNETT, PHILLIP TOM NAME NAME 4628 GLEN EAGLES DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP TITLE Defete ππε Change ☐ Addition HARTNETT, CHERYL NAME 4628 GLEN EAGLES DR. STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP **BOYNTON BEACH FL 33436** CITY - ST - ZIP TITLE 🗶 Delete TITLE ☐ Change ■ Addition NAME HARTNETT, PHILLIP T NAME STREET ADDRESS STREET ADDRESS 5410 SUNSET BLVD. CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP »

12. Thereby 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/08

FILED

Dayone Phone #