


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90083 016 ***150.00

DOCUMENT # PC0000093857	
1. Entity Name T&R Fire Hydrant Serving Inc.	

DO NOT WRITE IN THIS SPACE

40089866

2. Principal Place of Business 267 2ND ST S.W.	3. Mailing Address 267 2ND ST S.W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Largo, Fla	City & State Largo, Fla
Zip 33770 Country Aruba	Zip 33770 Country Aruba

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For
			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
		Name DONALD RAWLEY	
		Street Address (P.O. Box Number is Not Acceptable) 267 2ND ST S.W.	
		City Largo	FL Zip Code 33770

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  DATE **April 29, 2006**


Signature, typed or printed name of registered agent, or title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	PRESIDENT	TITLE	
NAME	DONALD RAWLEY	NAME	
STREET ADDRESS	267 2ND ST S.W.	STREET ADDRESS	
CITY-ST-ZIP	Largo, Fla 33770	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	ROXANE T RAWLEY	NAME	
STREET ADDRESS	267 2ND ST S.W.	STREET ADDRESS	
CITY-ST-ZIP	Largo, Fla 33770	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **April 29, 2006** 727-584-2570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)