


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000061327</b> 1. Entity Name <b>CHUCK HENDERSON PLUMBING, INC.</b>	
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Principal Place of Business <b>3186 AZALEA DR HERNANDO BCH, FL 34607</b>	Mailing Address <b>3186 AZALEA DR HERNANDO BCH, FL 34607</b>
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**DO NOT WRITE IN THIS SPACE**



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>06-1640422</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HENDERSON, CHARLES B  
3186 AZALEA DR  
HERNANDO BCH, FL 34607**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retaking)  
Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HENDERSON, CHARLES B 3186 AZALEA DR SPRING HILL, FL 34607
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03/28/06-80042-009 150.00

**DO NOT WRITE  
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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:** Charles B. Henderson **3/15/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #