2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # P03000085595 1. Entity Name HOLDEN PLUMBING CORP.						04-15-2005	90065 0	42 ***150).00	
Principal Plac 1705 DONN/ UNIT 12 WEST PALM		Mailing Address 1705 DONNA RD UNIT 12 WEST PALM BEACH, FL	1705 DONNA RD UNIT 12 WEST PALM BEACH, FL 33409							
2. Principal Place of Business 1650 Lathan Road 1650 Lathan Suite, Apt. #, etc. 3. Mailing Address 3. Mailing Address 4. Suite, Apt. #, etc.							5117 4878 (7 518 1 1			
Unit 2 City & State City & State					12005 El Numbe	Chg-P	CH2E	034 (10/03)	plied For	
West	Palm Beach FL	-West Palm	<u>r Beach</u>	· ♥ ·L 0	2-0702				t Applicable	
334	6. Name and Address of Current F	33409	- COCHAY			of Status Desired	Basistarad	Fee Required		
	Name v	7. Name and Address of New Registered Agent Holden Richard								
1700 BONNA NB				Street Address (P.O. Box Number is Not Acceptable)						
UNIT 12 WEST PALM BEACH, FL 33409				00 La	tha	n Roc	rd, U	n',+2	e 0	
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or	registered age	nt, or both	n, in the State of I	Florida. I am	- 1334 familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd lite il applicable. (NOTE:	Registered Agent signate	ire required when rein	nstating)	બ-	13 -05 DATE	- -		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		\$5.00 Ma Added to Fe						
10.	OFFICERS AND I		11.	ADE	OTIONS/	CHANGES TO OF	FICERS AN			
TITLE	PRES HOLDEN, RICHARD	☐ Delete	TITLE NAME			`		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1705 DONNA RD UNIT 12 WEST PALM BEACH, FL 33409		STREET ADDRESS CITY-ST-ZIP	1650 <u>West</u>	Lat Pa	tham Ro Im Bea	oad, b	1331 1	109	
TITLE		☐ Delete	TITLE NAME				•	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS							
CiTY-ST-ZIP		☐ Delete	CITY-\$T-ZIP					Change	Addition	
NAME			NAME					time annual		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						-	
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-SI-ZIP			CITY-ST-ZIP							
indicated of the cor	certify that the information supplied with I on this report or supplemental report is reporation or the receiver or trustee empo , or on an attachment with an address, v	true and accurate and that mo wered to execute this report a	y signature shall h	ave the same to	egal effect	as if made unde	r oath; that I	am an officer	or director	