


2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/7

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-07-2006 90031 033 ***150.00

DOCUMENT # P03000128211 1. Entity Name DOUGHERTY PLUMBING, INC					
Principal Place of Business 17627 N.E. 72ND PL. HAWTHORNE, FL 32640			Mailing Address 17627 N.E. 72ND PL. HAWTHORNE, FL 32640		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 54-2132782	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUGHERTY, PAUL E 740 SW JASMINE AVE. KEYSTONE HEIGHTS, FL 32656				7. Name and Address of New Registered Agent Name New Address Street Address (P.O. Box Number is Not Acceptable) 17627 NE 72nd Pl Hawthorne, FL City FL Zip Code 32640	
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOUGHERTY, PAUL E 740 SW JASMINE AVE. KEYSTONE HEIGHTS, FL 32656	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	17627 NE 72nd Pl Hawthorne, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOUGHERTY, HARRY 17304 NE 114 AVE. WALDO, FL 32694	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T DOUGHERTY, JEAN C 740 SW JASMINE AVE. KEYSTONE HEIGHTS, FL 32656	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	17627 NE 72nd Pl Hawthorne, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: PAUL E. DOUGHERTY <i>Paul E. Dougherty</i> 4-17-06 352-468-1292					