


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000136206 1. Entity Name HOSKINS PLUMBING, INC.	
---	---

Principal Place of Business 7236 DIANE LN. PANAMA CITY, FL 32404	Mailing Address 7236 DIANE LN. PANAMA CITY, FL 32404
--	--



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1078718	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent HOSKINS, ARTHUR 7236 DIANE LN. PANAMA CITY, FL 32404

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and (title if applicable). (NOTE: Registered Agent signature required when re-filing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOSKINS, ARTHUR 7236 DIANE LN. PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOSKINS, ARTHUR P 7236 DIANE LN. PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOSKINS, PAULA F 7236 DIANE LN. PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOSKINS, PAULA F 7236 DIANE LN. PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000204490
01/31/05-80007-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #