


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P03000154681 1. Entity Name ALL HOURS PLUMBING OF AMELIA, INC.	
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Principal Place of Business 1733 MALLARD LANE FERNANDINA BEACH, FL 32034	Mailing Address PO BOX 16702 FERNANDINA BEACH, FL 32035
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GALLAGHER, MARK A
1733 MALLARD LANE
FERNANDINA BEACH, FL 32034

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable 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	1100000471651 03/29/06-80005-013 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLAGHER, MARK A 1601 NECTARINE STREET FERNANDINA BEACH, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DECH, JON S 3650 YAHTZEE RD. FERNANDINA BEACH, FL 32034
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**DO NOT WRITE
IN THIS SPACE**

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: _____ **3-16-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #