2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT								l hobs	C FAN OS	22004		
DOCUMENT # P04000014829								FILE	D			
1. Entity Name									15 APR 29	יון ויי	31	
HYATT PLUMBING INC.							列		IS APR 29	Lill -	-r-	
							3/	,	SECKETALS TALLAHASS	W 51A	1E	
Principal Plac	e of Busines	s	Mailing Address	Mailing Address				SECKELLES	EĔ, FLOI	(IDH		
91 - ACE HIGH STABLES ROAD				91 - ACE HIGH STABLES ROAD					TALLAMASS	_		
CRAWFORDVILLE, FL 32327				CRAWFORDVILLE, FL 32327								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04082005	Chg-P	CBaEna	4 (10/03)	
										Unzeus	<u> </u>	
City & State				City & State			4. FEI Numb	èr			plied For it Applicable	
Zip	Zip Country			Zip	CO 75 A 4 100 - 1							
						Fee Required						
	6. Name	and Address of C	Current Re	gistered Agent		7. Name and Address of New Registered Agent Name						
HYATT, FRED												
91 - ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327						Street Address (P.O. Box Number is Not Acceptable)						
CIVAVIO	NDVILLE,	1 L 32321										
						City	City FL Zip Code					
The above named entity submits this statement for the nurnose of changing its register.						ed office or red	aistere	ed agent, or bo	th. in the State of Flo		miliar with.	and accept
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 # applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE												
En	E NOWIII	FEE IS \$150.	00	9. Election Car	mpaign Finar	ncing	\$5.6	00 May Be				
		5 Fee will be		Trust Fund (Contribution.		Adde	d to Fees				
10.		OFFICER	RS AND DI	RECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11
TITLE	P	-00		☐ Delete	TITL	- 1					☐ Change	☐ Addition
NAME Street adoress	HYATT, FRED ###################################				E ET ADDRESS		_9	000541 6/0501079	0192	239		
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CITY-ST-ZIP						-ST-ZIP						
TITLE NAME				☐ Delete	TITL						☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS						
CITY-\$T-ZIP	<u> </u>					-ST-ZIP						
12. I hereby of indicated	certify that th I on this repo	e information suppl rt or supplemental	ied with th report is tru	is filing does not quali ue and accurate and t	fy for the exe hat my signa	mption stated ture shall have	in Sec the s	tion 119.07(3)(ame legal effec	i), Florida Statutes It as if made under	I further certif bath; that I an	y that the in n an officer	ntormation or director
12. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 violate 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 amnowards.												
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dato District Phone #												