

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 18, 2006 8:00 am**  
**Secretary of State**

05-18-2006 90016 001 \*\*\*150.00

DOCUMENT # 704000014829

1. Entity Name

HYATT PLUMBING INC.



**DO NOT WRITE IN THIS SPACE**

**40093109**

2. Principal Place of Business

91-ACE HIGH STABLES RD.

Suite, Apt. #, etc.

3. Mailing Address

91-ACE HIGH STABLES RD.

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

CRAW. FL.

City & State

CRAW. FL.

4. FEI Number

522439107

Applied For

Not Applicable

Zip

32327

Country

WAKULLA

Zip

32327

Country

WAKULLA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

FREDERICK A. HYATT

Street Address (P.O. Box Number is Not Acceptable)

91-ACE HIGH STABLES RD.

City

CRAW.

FL

Zip Code

32327

**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

FRED A. HYATT

PRES. LNYA

5/10/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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  
PRES.  
FRED A. HYATT  
91-ACE HIGH STABLES RD.  
CRAW. FL. 32327

TITLE  
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IN THIS SPACE**

12. I hereby 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/10/06