

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000100217**

1. Entity Name  
**FERNANDEZ & SON'S PLUMBING, INC.**



Principal Place of Business  
**7710 N. PACKWOOD AVE.  
TAMPA, FL 33604 US**

Mailing Address  
**7710 N. PACKWOOD AVE.  
TAMPA, FL 33604 US**



07062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1325185**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FERNANDEZ, OCTAVIO  
7710 N. PACKWOOD AVE.  
TAMPA, FL 33604**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FERNANDEZ, OCTAVIO
STREET ADDRESS	7710 N. PACKWOOD AVE.
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	VP
NAME	FERNANDEZ, AVIESER
STREET ADDRESS	7710 N. PACKWOOD AVE.
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	S
NAME	FERNANDEZ, DANIEL
STREET ADDRESS	7710 N. PACKWOOD AVE.
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/13/06-80008-003 150.00

**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:**

*Octavio Fernandez* } **Octavio Fernandez** } 7-7-06 } 813-931-8061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, President Date Daytime Phone #