

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P95000060374					
1. Entity Name HYDE PLUMBING, INC.					
Principal Place of Business 6478 SAN CASA BLVD ENGLEWOOD FL 34224			Mailing Address 6478 SAN CASA BLVD ENGLEWOOD FL 34224		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0611330	
5. Certificate of Status Desired ☐				Applied For Not Applied	
6. Name and Address of Current Registered Agent GUNDERSON, MIKO P C/O BATSEL, MCKINLEY, ITTERSAGEN 1861 PLACIDA RD SUITE 204 ENGLEWOOD FL 34223				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	FISH, JAMES K JR	NAME			
STREET ADDRESS	6086 OARSMAN ST	STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	FISH, CLARICE	NAME			
STREET ADDRESS	6086 OARSMAN ST	STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			
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TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Clarice Fish* **CLARICE FISH** 3/30/06 941-691-30