

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # G92523

1. Entity Name
SPIVEY & SON PLUMBING, INC.



Principal Place of Business

**9820 VONNO JO
PEN, FL 32506 US**

Mailing Address

**9820 VONNO JO
PEN, FL 32506 US**



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2388908

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARCANIO, DOMINIC
6620 SKI LN
MILTON, FL 32583**

**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

Dominic Marcanio Pres

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

(NOTE: Registered Agent signature required when re-registering)

DATE

2-17-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARCANIO, DOMINIC
STREET ADDRESS	6620 SKI LANE
CITY-ST-ZIP	MILTON, FL
TITLE	VP
NAME	MANDEL, ANTHONY W.
STREET ADDRESS	3325 CHIEF MATE DRIVE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	S
NAME	MARCANIO, JANET M.
STREET ADDRESS	6620 SKI LANE
CITY-ST-ZIP	MILTON, FL
TITLE	T
NAME	MANDEL, SUSAN C.
STREET ADDRESS	3325 CHIEF MATE DRIVE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 exemption stated in Section 119.07(3)(f), 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:

Dominic Marcanio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-04 *850-458-5155*
Date Designated Phone #