2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G92523

MANDEL, SUSAN C.

PENSACOLA, FL

3325 CHIEF MATE DRIVE

Name:

Address:

City-St-Zip:

Entity Name: SPIVEY & SON PLUMBING, INC.

FILED Feb 24, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
9820 VON PEN, FL					
Current Mailing Address:			New Mailing Address:		
9820 VON PEN, FL					
FEI Number	: 59-2388908	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
6620 SKI I MILTON, F	FL 32583 U	S submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Ager			ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (MARCANIO, DO 6620 SKI LANE MILTON, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (MANDEL, ANTI 3325 CHIEF M PENSACOLA,	ATE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (MARCANIO, JA 6620 SKI LANE MILTON, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	Т () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SUSAN MANDEL T 02/24/2005