

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # K16180**  
1. Entity Name  
**SNYDER PLUMBING, INC.**

Principal Place of Business <b>5043 LAKE HOWELL RD. WINTER PARK FL 32792 US</b>	Mailing Address <b>5043 LAKE HOWELL RD. WINTER PARK FL 32792 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-2875161</b>				Applied For
				Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
<b>SNYDER, DOROTHY P. 5037 LAKE HOWELL RD WINTER PARK FL 32792</b>		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		<b>FL</b>	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 DOROTHY P. SNYDER *Dorothy P. Snyder* 2-01-07  
Signature, typed or printed name of registered agent and fee, if applicable. (NOT Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D SNYDER, DAVID G.	<input type="checkbox"/> Delete		TITLE	J00000621283	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5037 LAKE HOWELL RD			NAME	02/12/07-80010-021 150.00		
STREET ADDRESS	WINTER PARK FL			STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE	D SNYDER, DOROTHY P.	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5037 LAKE HOWELL RD			NAME			
STREET ADDRESS	WINTER PARK FL			STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-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: David B. Snyder - **DAVID B. SNYDER** 2/1/07 407/657-0634  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #