

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90005 047 ***150.00

DOCUMENT # P03000028933

1. Entity Name
SNYDER PLUMBING OF THE TREASURE COAST, INC.



Principal Place of Business
**755 8TH COURT - SUITE 6
GLENDALE INDUSTRIAL PARK
VERO BEACH, FL 32960**

Mailing Address
**755 8TH COURT - SUITE 6
GLENDALE INDUSTRIAL PARK
VERO BEACH, FL 32960**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1525 OLD DIXIE HWY

1525 OLD DIXIE HWY

City & State

City & State

Vero Beach FL

Vero Beach FL

03082006

Chg-P

CR2E034 (11/05)

4. FEI Number

14-1875316

Applied For

Not Applicable

Zip
32960

Country

Indian River

Zip

32960

Country

Indian River

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNYDER, RANDALL R
755 8TH COURT
SUITE 6
VERO BEACH, FL 32960**

Name

Street Address (P.O. Box Number is Not Acceptable)

1525 OLD DIXIE HWY

City

Vero Beach

FL

Zip Code

32960

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 ☐ Delete
NAME **D**
STREET ADDRESS **SNYDER, RANDALL R**
CITY-ST-ZIP **710 CARNATION DRIVE
SEBASTIAN, FL 32958**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SNYDER, CAROL L**
CITY-ST-ZIP **710 CARNATION DRIVE
SEBASTIAN, FL 32958**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carol L Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/06 (772) 569 3373
Date Daytime Phone #