


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P98000023632</b>	
1. Entity Name <b>GUARANTEED PLUMBING OF TALLAHASSEE, INC.</b>	


Principal Place of Business <b>1115 OLD BAINBRIDGE RD. TALLAHASSEE, FL 32304</b>	Mailing Address <b>POST OFFICE BOX 6158 TALLAHASSEE, FL 32314</b>
---	--

DO NOT WRITE IN THIS SPACE

FILED

04 APR 29 AM 9 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3497644</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SNEED, RONALD K  
1005 CALLOWAY STREET  
TALLAHASSEE, FL 32304**

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.

600035794266

05/10/04--01024--003 \*\*158.75

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PT <b>SNEED, RONALD K 1005 CALLOWAY STREET TALLAHASSEE, FL 32304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>STALEY, BARRY 2958 BYINGTON CIRCLE TALLAHASSEE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>SNEED, NATALIE 1005 CALLOWAY STREET TALLAHASSEE, FL 32304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(i), 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:** Natalie Sneed Natalie Sneed 4/29/04 850-544-1865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #