

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000023632

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** GUARANTEED PLUMBING OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

1115 OLD BAINBRIDGE RD.  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

1109D W. ORANGE AVENUE  
TALLAHASSEE, FL 32310

**Current Mailing Address:**

POST OFFICE BOX 6158  
TALLAHASSEE, FL 32314

**New Mailing Address:**

**FEI Number:** 59-3497644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: SNEED, RONALD K  
Address: 1005 CALLOWAY STREET  
City-St-Zip: TALLAHASSEE, FL 32304

Title: V ( ) Delete  
Name: STALEY, BARRY  
Address: 2958 BYINGTON CIRCLE  
City-St-Zip: TALLAHASSEE, FL

Title: T ( ) Delete  
Name: SNEED, NATALIE  
Address: 1005 CALLOWAY STREET  
City-St-Zip: TALLAHASSEE, FL 32304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

**SIGNATURE:** RONALD SNEED

PT

04/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date