


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90047 034 \*\*\*150.00

<b>DOCUMENT # F0200006345</b>	
1. Entity Name <b>SNAVELY FOREST PRODUCTS COMPANY</b>	

Principal Place of Business <b>600 DELWAR ROAD PITTSBURGH, PA 15236</b>	Mailing Address <b>600 DELWAR ROAD PITTSBURGH, PA 15236</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country	Zip	Country
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03282005 Chg-P CR2E034 (10/03)

4. FEI Number <b>11-3666819</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>CURDA, MIKE</b> <b>5300 RECKER HIGHWAY, BLDG. #11- 2420 NEW TAMPA HWY.</b> <b>WINTER HAVEN, FL 33880- LAKE LAND FL 33815</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SNAVELY, C M 600 DELWAR ROAD PITTSBURGH, PA 15236	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO SNAVELY, STEPHEN V 600 DELWAR ROAD PITTSBURGH, PA 15236	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVD STEINHART, DONALD R 600 DELWAR ROAD PITTSBURGH, PA 15236	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOD STOCKHAUSEN, JOHN 600 DELWAR ROAD PITTSBURGH, PA 15236	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FITZSIMMONS, SUSAN S 600 DELWAR ROAD PITTSBURGH, PA 15236	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DULI, SUE 600 DELWAR ROAD PITTSBURGH, PA 15236	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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:** \_\_\_\_\_ **3-29-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #