

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003258

1. Entity Name
SNAVELY-WARWICK INC.



Principal Place of Business
**600 DELWAR ROAD
PITTSBURG, PA 15236**

Mailing Address
**600 DELWAR ROAD
PITTSBURG, PA 15236**



03282005 No Chg-F CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1271566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CURDA, MIKE
C/O SNAVELY FOREST PRODUCTS
2420 NEW TAMPA HIGHWAY
LAKELAND, FL 33815**

**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.

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP SNAVELY, C.M. 600 DELWAR ROAD PITTSBURG, PA 15236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCVP SNAVELY, STEPHEN V 600 DELWAR ROAD PITTSBURG, PA 15236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FITZSIMMONS, SUSAN 600 DELWAR ROAD PITTSBURG, PA 15236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SNAVELY, THERESA V 600 DELWAR ROAD PITTSBURG, PA 15236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SNAVELY, STEPHEN V 600 DELWAR ROAD PITTSBURG, PA 15236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/02/05-80017-024 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05
Date

412-885-4000
Daytime Phone #