2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055969

Entity Name: DAVID SNAVELY, P.A.

FILED Jul 14, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

6299 W. SUNRISE BOULEVARD 261 SW 63 AVE

SUITE 205 PLANTATION, FL 33317 SUNRISE, FL 33313

Current Mailing Address: New Mailing Address:

6299 W. SUNRISE BOULEVARD 7027 W. BROWARD BLVD., #331

SUITE 205 PLANTATION, FL 33317 SUNRISE, FL 33313

FEI Number: 65-1027227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SNAVELY, DAVID
6299 W SUNRISE BLVD
7027 W. BROWARD BLVD., #331
#205
PLANTATION, FL 33317 US

SUNRISE, FL 33313 US

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: 07/14/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

Name: SNAVELY, DAVID Name: SNAVELY, DAVID

Address: 6299 W. SUNRISE BOULEVARD SUITE 205 Address: 7027 W. BROWARD BLVD., #331

City-St-Zip: SUNRISE, FL 33313 City-St-Zip: PLANTATION, FL 33317

Title: VS () Delete Title: VS (X) Change () Addition

Name: SNAVELY, ELSA Name: SNAVELY, ELSA

Address: 6299 W SUNRISE BLVD #205 Address: 7027 W. BROWARD BLVD., #331

City-St-Zip: SUNRISE, FL 33313 City-St-Zip: PLANATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID SNAVELY DP 07/14/2004