

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055969

FILED
Jul 08, 2008
Secretary of State

Entity Name: DAVID SNAVELY, P.A.

Current Principal Place of Business:

261 SW 63 AVE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

7027 W. BROWARD BLVD., #331
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-1027227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNAVELY, DAVID
7027 W. BROWARD BLVD., #331
PLANTATION, FL 33317 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

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
Name: SNAVELY, DAVID
Address: 7027 W. BROWARD BLVD., #331
City-St-Zip: PLANTATION, FL 33317

Title: VS () Delete
Name: SNAVELY, ELSA
Address: 7027 W. BROWARD BLVD., #331
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DAVID SNAVELY

DP

07/08/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date