

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055969

FILED  
Jun 15, 2009  
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

06/15/2009

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

\_\_\_\_\_ Date