


FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90019 016 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|---|---|---|---|
| DOCUMENT # P01000021618 | |  | |
| 1. Entity Name JUDITH SNEIDER, P.A. | | | |
| Principal Place of Business 7892 VILLA D' ESTE WAY DELRAY BEACH, FL 33446 | | Mailing Address 2080 N.W. 2ND AVE. #6 BOCA RATON, FL 33431 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-1080391 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MULLIN, JAMES G 2080 N.W. BOCA RATON BOULEVARD SUITE #6 BOCA RATON, FL 33431 | | 7. Name and Address of New Registered Agent Name Judith SNEIDER Street Address (P.O. Box Number is Not Acceptable) 7892 VILLA D' ESTE WAY City Delray Bch FL Zip Code 33446 | |
| 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 <i>Judith Snider PA</i> (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP SNEIDER, JUDITH 7892 VILLA D' ESTE WAY DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SHRIDER, ROBERT 7892 VILLA D' ESTE WAY DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Judith Snider PA</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 1/8/03 561-573-5089 Date Daytime Phone # | |

24001384



01052004 Chg-P CR2E034 (10/03)