2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State
03-19-2004 90058 006 ***150.00

DOCUMENT # P01000105915

1. Entity Name

SNOWCAP PRODUCTS, INC.

Principal Place of Business	Mailing Address
RT 17 BOX 1631 LAKE CITY FL 32055	PO BOX 3175 LAKE CITY FL 32055

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
245 N.W. Wildflower	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City, FL	City & State
Zip: 32055 Country: USA	Zip Country

4. FEI Number 59-3746997 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HADDOX, BOBBIE E
RT 17 BOX 1631 — 911 Address
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name: Bobbie Haddox
Street Address (P.O. Box Number is Not Acceptable): 245 N.W. Wildflower Ln.
City: Lake City FL Zip Code: 32055

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: Bobbie Haddox 3-17-04
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PTD HADDOX, MARK RT 17 BOX 1631 — 911 Address LAKE CITY FL 32055	☐ Delete	☒ Change ☐ Addition 245 N.W. Wildflower Ln	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD HADDOX, BOBBIE RT 17 BOX 1631 — 911 Address LAKE CITY FL 32055	☐ Delete	☒ Change ☐ Addition 245 N.W. Wildflower Ln	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

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] 3-17-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #