

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000120681

FILED  
Apr 02, 2005  
Secretary of State

Entity Name: SNACK ATTACK OF TAMPA BAY, INC.

## Current Principal Place of Business:

139A HUNTERLAKE DRIVE  
OLDSMAR, FL 34677

## New Principal Place of Business:

P.O. BOX 4007  
CLEARWATER, FL 33758

## Current Mailing Address:

139A HUNTERLAKE DRIVE  
OLDSMAR, FL 34677

## New Mailing Address:

P.O. BOX 4007  
CLEARWATER, FL 33758

FEI Number: 20-0337971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEILDS, DAVID  
139A HUNTERLAKE DRIVE  
OLDSMAR, FL 34677 US

## Name and Address of New Registered Agent:

SHEILDS, DAVID  
P.O. BOX 4007  
CLEARWATER, FL 33758 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: DAVID M. SHEILDS

04/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHEILDS, DAVID  
Address: P.O. BOX 4007  
City-St-Zip: CLEARWATER, FL 33758

Title: V ( ) Delete  
Name: SHEILDS, DAVID  
Address: P.O. BOX 4007  
City-St-Zip: CLEARWATER, FL 33758

Title: S ( ) Delete  
Name: SHEILDS, ERICA  
Address: P.O. BOX 4007  
City-St-Zip: CLEARWATER, FL 33758

Title: T ( ) Delete  
Name: SHEILDS, ERICA  
Address: P.O. BOX 4007  
City-St-Zip: CLEARWATER, FL 33758

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SHEILDS, DAVID  
Address: P.O. BOX 4007  
City-St-Zip: CLEARWATER, FL 33758

Title: T (X) Change ( ) Addition  
Name: SHEILDS, DAVID  
Address: P.O. BOX 4007  
City-St-Zip: CLEARWATER, FL 33758

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 M. SHEILDS

P

04/02/2005

Electronic Signature of Signing Officer or Director

Date