2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/15/

FILED
Aug 18, 2004 8:00 am
Secretary of State
07-15-2004 90008 040 ***150.00

00456103

07102004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000148124

1. Entity Name
DAVID SNYDER, INC.

Principal Place of Business	Mailing Address
3689 BRENTWOOD CT. MELBOURNE, FL 32935 US	3689 BRENTWOOD CT. MELBOURNE, FL 32935 US

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 20-0455468 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID, SNYDER
3689 BRENTWOOD CT.
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVID, SNYDER		NAME	
STREET ADDRESS	3689 BRENTWOOD CT.		STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	
TITLE	SEC	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVID, SNYDER		NAME	
STREET ADDRESS	3689 BRENTWOOD CT.		STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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] 7-9-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
66432189

August 14, 2004

Florida Department Of State
P O Box 1500
Tallahassee FL 32302

Re: UBR PO3000148124 David Snyder, Inc.

Dear Sir/Madam:

Enclosed please find the additional information required for my 2004 UBR report. At this time I would like to request waiver of the $400.00 late filing fee. I received a postcard notice and did not realize what action it required, if any. We are a new corporation Effective December 2003 and have not yet learned all the correct forms and procedures we need to comply with. After a meeting with my accountant, and understanding action was required on my part, we filed the form with the standard fee. Now that David Snyder, Inc. has an accountant and adviser, these types of errors will no longer happen.

Please as a good will gesture waive this $400.00 penalty.

Respectfully,

David Snyder
President
David Snyder, Inc.