

**PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P03000148124

1. Entity Name
DAVID SNYDER, INC.



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

Mailing Address
**3689 BRENTWOOD CT.
MELBOURNE, FL 32935 US**



02102008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0455468

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DAVID, SNYDER
3689 BRENTWOOD CT.
MELBOURNE, FL 32935**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID, SNYDER 3689 BRENTWOOD CT. MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DAVID, SNYDER 3689 BRENTWOOD CT. MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOWER, MARK 450 GEMAIRES DRIVE #17 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/27/08-80012-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

David Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08
Date

321-222-076
Daytime Phone #