


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90321 040 ***150.00

DOCUMENT # P94000025303

1. Entity Name
SNYDER SERVICES, INC.




Principal Place of Business Mailing Address
 C/O RICHARD HARRIS & ASSOC., P.A.
 6400 N ANDREWS AVENUE #320
 FORT LAUDERDALE, FL 33309 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

17010010



04212004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0480091 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ASARCH, STEVEN J
 6400 N. ANDREW AVE
 STE 320
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
 Name **RICHARD H. HARRIS**
 Street Address (P.O. Box Number is Not Acceptable)
6400 N ANDREWS AVENUE
SUITE 320
 City **FT. LAUDERDALE** FL Zip Code **33309**

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: *Richard H. Harris* DATE: **4/20/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SNYDER, ARTHUR E	
STREET ADDRESS	580 POWERS LANE	
CITY-ST-ZIP	DECATUR, IL 62522	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, ARTHUR E	
STREET ADDRESS	10724 MONTE VISTA COURT	
CITY-ST-ZIP	FT. WAYNE, IN 46814	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(1), 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: *A. E. Snyder* DATE: **4/25/04** DAYTIME PHONE: **260-625-5303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR