2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000025303

1. Entity Name SNYDER SERVICES, INC.



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

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

C/O RICHARD HARRIS & ASSOC., P.A. 6400 N ANDREWS AVENUE #320 FORT LAUDERDALE, FL 33309 US



01232007

No Chg-P

CR2E034 (11/05)

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

HARRIS, RICHARD H 6400 N. ANDREW AVE STE 320 BOCA RATON, FL 3343

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BOCA RATON, FL 33431			IN THIS SPACE		
the obligat	ions of registered agent.		d office or n	egistered agent, or bo	oth, in the State of Florida I am familiar with, and accept
0.010.1101122	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000622512 02/13/07-80028-023 150.00
10.	OFFICERS AND DIRECTORS				,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SNYDER, ARTHUR E 10724 MONTE VISTA COURT FORT WAYNE, IN 46814				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
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TITLE			ł		

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:

NAME STREET ADDRESS CITY-ST-ZIP

JOHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

×1-29-07

X260-625-5303