## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000007840

Apr 12, 2004 Secretary of State

Entity Name: SNELGROVE ELECTRONICS INC. **Current Principal Place of Business: New Principal Place of Business:** 12818 MLK BLVD 14557 NW US HWY 441 ALACHUA, FL 32615 ALACHUA, FL 32615 **Current Mailing Address: New Mailing Address:** P.O. BOX 1513 HIGH SPRINGS, FL 32655 FEI Number: 59-3353421 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SNELGROVE, DIANA H 210 NW 1ST AVE HIGH SPRINGS, FL 32643 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SNELGROVE, WAYNE Name: Name: 210 NW FIRST AVE. Address: Address: City-St-Zip: HIGH SPRINGS, FL 32643 City-St-Zip: VD Title: Title: () Delete () Change () Addition SNELGROVE, DIANA H Name: Name: 210 NW FIRST AVE. Address: Address: HIGH SPRINGS, FL 32643 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition SD ( ) Delete SD PAYNE, AMANDA S PAYNE, AMANDA S Name: Name: 120 NW 2ND STREET 12610 NW 214TH TERR Address: Address: City-St-Zip: HIGH SPRINGS, FL 32643 City-St-Zip: HIGH SPRINGS, FL 32643 Title: ( ) Delete Title: () Change () Addition DARBY, DEIDRE S Name: Name: Address: 2385 MCFARLANE AVE Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: AMANDA PAYNE SD 04/12/2004

MOORE, CHARLENE S

CRAWFORDVILLE, FL 32327

196 FOX RUN CIR.

Name:

Address:

City-St-Zip: