

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 200244

1. Entity Name  
SNAPP INDUSTRIES, INC.



Principal Place of Business

2902 NW 22ND STREET  
MIAMI, FL 33142

Mailing Address

2902 NW 22ND STREET  
MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**



07162008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-0801870

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SNAPP, ALLAN  
2902 N.W. 22ND STREET  
MIAMI, FL 33142

**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 \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SNAPP, ALLAN C  
STREET ADDRESS 5501 S.W. 195 TERR  
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE D  
NAME SNAPP, CHARLES R  
STREET ADDRESS 2780 HARVEST DRIVE  
CITY-ST-ZIP SARASOTA, FL 34240

TITLE V  
NAME SNAPP, JASON  
STREET ADDRESS 1535 PRESIDIO DR  
CITY-ST-ZIP WESTON, FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/24/08  
Date

(305) 635-0687  
Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**

U00000956591  
07/29/08-80001-019 550.00