

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 253051**

1. Entity Name

-GENE- SNYDER & COMPANY.



Principal Place of Business

229 SUNNY ISLES BLVD  
MIAMI, FL 33160

Mailing Address

229 SUNNY ISLES BLVD  
MIAMI, FL 33160



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-0949361

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

SYNDER, ETHEL  
229 SUNNY ISLES BLVD  
MIAMI BEACH, FL 33160

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000340670  
04/28/05-80128-0014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SNYDER, GENE  
STREET ADDRESS 229 SUNNY ISLES BLVD  
CITY - ST - ZIP MIAMI BCH, FL 00000,

TITLE V  
NAME SNYDER, ETHEL  
STREET ADDRESS 229 SONNY ISLES BLVD  
CITY - ST - ZIP MIAMI, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

Ethel Snyder

3/15/05 3059473566