

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 328674

1. Entity Name
S. N. L., INC.



Principal Place of Business
**1112 MAIN STREET
P. O. BOX 189
SEBASTIAN FL 32958**

Mailing Address
**1112 MAIN STREET
P. O. BOX 189
SEBASTIAN FL 32958**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number **59-1212314**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNELL, MARC A.
1112 MAIN STREET
SEBASTIAN FL 32958**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 translating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SNELL, MARC A	
STREET ADDRESS	1112 MAIN STREET	
CITY-STATE-ZIP	SEBASTIAN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	IRVINE, JEFFREY	
STREET ADDRESS	1112 MAIN STREET	
CITY-STATE-ZIP	SEBASTIAN FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KLEINFELTER, VIRGINIA H	
STREET ADDRESS	1112 MAIN ST	
CITY-STATE-ZIP	SEBASTIAN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, MICHAEL	
STREET ADDRESS	1112 MAIN STREET	
CITY-STATE-ZIP	SEBASTIAN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000604797
CITY-STATE-ZIP	01/30/07-80010-015 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Virginia H. Kleinfelter

Virginia H. Kleinfelter

1-23-07

(772) 589-3087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #