


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90029 046 ***150.00

DOCUMENT # 429450 1. Entity Name SNAVE, INC.			
Principal Place of Business 3169 FLAMINGO BLVD. SPRING HILL FL 34607 US		Mailing Address P. O. BOX 6350 SPRING HILL FL 34611 US	
2. Principal Place of Business 3283 Gardenia Dr Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Spring Hill, FL Zip 34607		City & State Zip Country	
4. FEI Number 59-1486651		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent EVANS, DOROTHY L. 3169 FLAMINGO BLVD. SPRING HILL FL 34606	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3283 Gardenia Dr City Spring Hill FL Zip Code 34607		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 <i>Dorothy L Evans</i> <i>Dorothy L Evans</i> 3-15-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME EVANS, DOROTHY STREET ADDRESS 3169 FLAMINGO BLVD CITY-ST-ZIP SPRING HILL, FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 3283 Gardenia Dr CITY-ST-ZIP Spring Hill, FL 34607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME EVANS, DOROTHY L STREET ADDRESS 3169 FLAMINGO BLVD CITY-ST-ZIP SPRING HILL, FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 3283 Gardenia Dr CITY-ST-ZIP Spring Hill, FL 34607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPST NAME EVANS, JOHN P JR. STREET ADDRESS 4317 CALIENTA ST. CITY-ST-ZIP SPRING HILL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 1435 Hathaway Ave CITY-ST-ZIP Spring Hill, FL 34608	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>John P Evans Jr</i> <i>John P Evans Jr VP</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-15-04/352-686-5939 <small>Daytime Phone #</small>	