

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 30, 2006 08:00 AM
Secretary of State**

DOCUMENT # 524790

1. Entity Name
SNARF, INC.



Principal Place of Business
**1374 SE 14TH STREET
FT. LAUDERDALE, FL 33316**

Mailing Address
**1374 SE 14TH STREET
FT. LAUDERDALE, FL 33316**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1715895

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEAGHER, ROBERT J.
1374 SE 14TH STREET
FT. LAUDERDALE, FL 33316**

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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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MEAGHER, ROBERT J.
STREET ADDRESS	1374 S.E. 14TH ST.
CITY-ST-ZIP	FT. LAUDERDALE FL.
TITLE	S
NAME	MEAGHER, JUDITH C.
STREET ADDRESS	1374 S.E. 14TH ST.
CITY-ST-ZIP	FT. LAUDERDALE FL.
TITLE	VP
NAME	MEAGHER, ROBERT J III
STREET ADDRESS	808 S.W. 16 COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/06-80036-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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

1-27-06 (954) 763-66

Date

Daytime Phone #