

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 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**



01072008 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**

**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, 2008 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	T
NAME	MEAGHER, KACEY E
STREET ADDRESS	828 SW 15TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/08-80025-024 150.00

**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

**3/27/08 9547636621**  
Date Daytime Phone #