

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 823608

1. Entity Name
SNYDER BROTHERS, INC.



Principal Place of Business
**ONE GLADE PARK EAST
KITTANNING, PA 16201 US**

Mailing Address
**P O BOX 1022
KITTANNING, PA 16201 US**



04092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-0922986 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PASSMORE, JEFFREY
1016 W CHURCH ST
ORLANDO, FL 32805**

**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 resigning)

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	TO
NAME	SNYDER, THOMAS C
STREET ADDRESS	ONE GLADE PARK EAST
CITY-ST-ZIP	KITTANNING, PA
TITLE	VD
NAME	SNYDER, CHARLES H JR
STREET ADDRESS	ONE GLADE PARK EAST
CITY-ST-ZIP	KITTANNING, PA
TITLE	VD
NAME	SNYDER, RICHARD G
STREET ADDRESS	ONE GLADE PARK EAST
CITY-ST-ZIP	KITTANNING, PA
TITLE	PD
NAME	SNYDER, DAVID E
STREET ADDRESS	ONE GLADE PARK EAST
CITY-ST-ZIP	KITTANNING, PA
TITLE	SD
NAME	SNYDER, MARK A
STREET ADDRESS	ONE GLADE PARK EAST
CITY-ST-ZIP	KITTANNING, PA
TITLE	S
NAME	KARENCHAK, MARK A
STREET ADDRESS	ONE GLADE PARK EAST
CITY-ST-ZIP	KITTANNING, PA 16201

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04/29/06-80051-015 150.00

**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

Mark A Karenchak

4-12-06

Date

724-548-8101

Daytime Phone #