

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 823608

1. Entity Name
SNYDER BROTHERS, INC.



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

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

DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TD
SNYDER, THOMAS C
ONE GLADE PARK EAST
KITANNING, PA**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
SNYDER, CHARLES H JR
ONE GLADE PARK EAST
KITANNING, PA**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
SNYDER, RICHARD G
ONE GLADE PARK EAST
KITANNING, PA**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
SNYDER, DAVID E
ONE GLADE PARK EAST
KITANNING, PA**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
SNYDER, MARK A
ONE GLADE PARK EAST
KITANNING, PA**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
KARENCHAK, MARK A
ONE GLADE PARK EAST
KITANNING, PA 16201**

U00000727544
05/04/07-80052-011 150.00

**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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A Karenchak

4/18/07

Date

724-548-8101

Daytime Phone #