

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-22-2004 90023 036 ***150.00

DOCUMENT # F00000000607

1. Entity Name

SNOLINE EXPRESS, INC.



Principal Place of Business

303 ROEDEL AVE
CALDWELL ID 83605

Mailing Address

303 ROEDEL AVE
CALDWELL ID 83605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

82-0435728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILFORT, TAVARES
1758 NW 82 AVE.,
MIAMI FL 33196

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	DIEBEL, EVA LOU C	
STREET ADDRESS	1130 ORCHARD LOOP ROAD	
CITY-ST-ZIP	TROY ID 83871	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIEBEL, E. BOYD	
STREET ADDRESS	1130 ORCHARD LOOP ROAD	
CITY-ST-ZIP	TROY ID 83871	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORRIS, LIZAL	
STREET ADDRESS	2074 N. SPRING LAND PL	
CITY-ST-ZIP	BOISE ID 83713	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANGSTER, BRENDA	
STREET ADDRESS	515 S. LINDER	
CITY-ST-ZIP	MERIDIAN ID 83642	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC-	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, LIZAL	
STREET ADDRESS	2218 E. GREINER ST.	
CITY-ST-ZIP	MERIDIAN, ID 83642	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVA LOU C. DIEBEL 4/19/04 (205) 453-2786

Date

Daytime Phone #