


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000002285</b> 1. Entity Name SN HOLDINGS, INC.	
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Principal Place of Business 7606 WEST SANDLAKE ROAD ORLANDO, FL 32819	Mailing Address 7606 WEST SANDLAKE ROAD ORLANDO, FL 32819
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**DO NOT WRITE IN THIS SPACE**

8. Name and Address of Current Registered Agent  
  
HANSEN, TOM  
7606 WEST SANDLAKE ROAD  
ORLANDO, FL 32819

**DO NOT WRITE  
IN THIS SPACE**

9. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP ROBBINS, LANSDON B 7606 WEST SANDLAKE ROAD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPVC CALLAHAN, KEVIN M 7606 WEST SANDLAKE ROAD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SCHWERTLEY, E. WAYNE 7606 WEST SANDLAKE ROAD ORLANDO, FL 32819
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1000000132710  
04/27/04-80050-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kevin M. Callahan 4/24/04 (812) 258-4700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #