

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000003656

1. Entity Name
SNB ANNUITY BROKERAGE, INC.



Principal Place of Business
825 THIRD AVE.
NEW YORK, NY 10022

Mailing Address
825 THIRD AVE.
NEW YORK, NY 10022



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3768259

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000388994
01/20/06-80027-007 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
CCEO
CROWE, KEVIN E
STREET ADDRESS
825 THIRD AVE.
CITY-ST-ZIP
NEW YORK, NY 10022

TITLE
NAME
P
NICHOLAS, FREDERICK S III
STREET ADDRESS
825 THIRD AVE.
CITY-ST-ZIP
NEW YORK, NY 10022

TITLE
NAME
V
STODDART, TIMOTHY
STREET ADDRESS
825 THIRD AVE.
CITY-ST-ZIP
NEW YORK, NY 10022

TITLE
NAME
T
CIANCARELLI, STEPHEN
STREET ADDRESS
825 THIRD AVE.
CITY-ST-ZIP
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Stephen V. Ciancarelli
Stephen V. Ciancarelli
CEO / SVP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #