


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90083 040 ***150.00

DOCUMENT # F04000006203 1. Entity Name SNIDER ENTERPRISES, INC.					
Principal Place of Business 209 S. CANAL ST CANAL FULTON, OH 44614			Mailing Address PO BOX 291925 PORT ORANGE, FL 32127		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3725 16th ST. WEST Suite, Apt. #, etc.			
City & State Zip Country		City & State LEHIGH ACRES, FL Zip Country 33471 U.S.		4. FEI Number 31-1683726 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04112005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SNIDER, MATTHEW T 531 ORANGE ST. PORT ORANGE, FL 32127			7. Name and Address of New Registered Agent Name MATTHEW T. SNIDER Street Address (P.O. Box Number is Not Acceptable) 3725 16th ST WEST City LEHIGH ACRES FL Zip Code 33471		
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 <u><i>Matthew T. Snider</i></u> DATE <u>4/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNIDER, MATTHEW T 531 ORANGE ST PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MATTHEW T. SNIDER 3725 16th ST WEST LEHIGH ACRES FL 33471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>M. T. Snider</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/11/05</u> (239) Daytime Phone # <u>297-1690</u>		