


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

OK **FILED** 106
Mar 30, 2006 08:00 AM
Secretary of State
23143-0000
1285
CLB 1354179

DOCUMENT # F05000005278 1. Entity Name SENECA SNACK COMPANY	
---	---

Principal Place of Business 2418 RIVER ROAD YAKIMA, WA 98902	Mailing Address 2418 RIVER ROAD YAKIMA, WA 98902
--	--

DO NOT WRITE IN THIS SPACE



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number 71-0916607	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent MORTENSEN, SARAH 1605 MAIN STREET, SUITE 101 SARASOTA, FL 34236

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KAYSER, KRAIG H 3736 SOUTH MAIN STREET MARION, NY 14505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMBY, PAUL L 418 E. CONDE STREET JANESVILLE, WI 53546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLELLAND, JAMES F 2418 RIVER ROAD YAKIMA, WA 98902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN RIPER, JEFFREY L 3736 SOUTH MAIN STREET MARION, NY 14505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JANSON, GREGORY 2418 RIVER ROAD YAKIMA, WA 98902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000484349
04/12/06-80037-002 300.00

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 507, 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: X Jeffrey L Van Riper 2/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #