## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

**SIGNATURE:** 

## Feb 17, 2004 8:00 am Secretary of State DOCUMEN下# F19314 1. Entity Name 02-17-2004 90040 048 \*\*\*150 00 SNYDER STEEL, INC. Principal Place of Business Mailing Address 608 S PLUMOSA AVENUE MERRITT ISLAND FL 32952 608 S PLUMOSA AVENUE MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address Plumosa <u> P.O. BOX 541141</u> Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For 4. FEI Number 59-2077756 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SNYDER, DAVID E Street Address (P.O. Box Number is Not Acceptable) 608 S PLUMOSA AVENUE MERRITT ISLAND FL 32952 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change Change ☐ Addition SNYDER, DAVID E NAME NAME STREET ADDRESS 608 S PLUMOSA AVENUE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FLD00000 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIBE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

ORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED