

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90060 034 \*\*\*150.00



**DOCUMENT # F75622**

1. Entity Name  
C. L. SNIDER ENTERPRISES, INC.

Principal Place of Business  
105 OLD JENNINGS RD  
P.O. BOX 335  
ORANGE PARK, FL 32067-7335

Mailing Address  
105 OLD JENNINGS RD  
P.O. BOX 335  
ORANGE PARK, FL 32067-7335

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
59-2279414

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNIDER, CLARENCE, L  
105 OLD JENNINGS RD  
ORANGE PARK, FL 32065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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

PTD  
SNIDER, CLARENCE L  
632 SAN ROBAR DR  
ORANGE PARK, FL 32073

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

2311 Fairview Dr  
Orange Park, FL 32003

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
SNIDER, BETTY  
632 SAN ROBAR DR  
ORNAGE PARK, FL 32073

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

2311 Fairview Dr  
Orange Park, FL 32003

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
SNIDER, AMY L  
996 LAKE RIDGE DRIVE  
ORANGE PARK, FL 32065

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

1796 Northglen Circle  
Middleburg, FL 32068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
SNIDER, AMY L  
1796 NORTHGLEN CIR  
MIDDLEBURG, FL 32068

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

*Clarence L. Snider*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-07 904232 1427