

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000000540

1. Entity Name

GLACIAL SAND & GRAVEL CO.

ERROR: stackunderflow

OFFENDING COMMAND: restore

Principal Place

ONE GLADE PARK EAST
KITANNING, PA 16201

PO BOX 1022
KITANNING, PA 16201



04222004 No Chg-P CP2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-0999342

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PASSMORE, JEFFREY
1016 W. CHURCH ST.
ORLANDO, FL 32805

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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME SNYDER, CHARLES H SR.
STREET ADDRESS ONE GLADE PARK EAST
CITY-ST-ZIP KITANNING, PA 16201

TITLE DV
NAME SNYDER, CHARLES H JR.
STREET ADDRESS ONE GLADE PARK EAST
CITY-ST-ZIP KITANNING, PA 16201

TITLE PD
NAME SNYDER, MARK A
STREET ADDRESS ONE GLADE PARK EAST
CITY-ST-ZIP KITANNING, PA 16201

TITLE SD
NAME SNYDER, DENNIS C
STREET ADDRESS ONE GLADE PARK EAST
CITY-ST-ZIP KITANNING, PA 16201

TITLE TD
NAME SNYDER, DAVID E
STREET ADDRESS ONE GLADE PARK EAST
CITY-ST-ZIP KITANNING, PA 16201

TITLE DV
NAME SNYDER, RICHARD
STREET ADDRESS ONE GLADE PARK EAST
CITY-ST-ZIP KITANNING, PA 16201

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04 (724) 548-8101
Date Daytime Phone #