

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # H90298	
1. Entity Name SNED & TUCKER, P.A.	

Principal Place of Business 3030 S DIXIE HWY., SUITE 5 P. O. BOX 3746 WEST PALM BEACH, FL 33402	Mailing Address 3030 S DIXIE HWY., SUITE 5 P. O. BOX 3746 WEST PALM BEACH, FL 33402
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2630776	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SNED, WILLIAM H JR
3030 S DIXIE HWY, SUITE 5
WEST PALM BEACH, FL 33402-1539**

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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 _____ (NOTE: Registered Agent signature required when re-registering) 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
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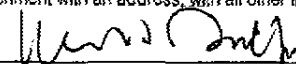
10. OFFICERS AND DIRECTORS

TITLE PD	NAME SNED, WILLIAM H, JR
STREET ADDRESS 3030 S DIXIE HWY, SUITE 5	CITY-ST-ZIP WEST PALM BEACH, FL 334051539
TITLE SVP	NAME TUCKER, JOAN B.
STREET ADDRESS 3030 S DIXIE HWY, SUITE 5	CITY-ST-ZIP WEST PALM BEACH, FL 334051539
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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02/23/04-80156-008 150.00**

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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)(f), 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:  **William H. Sned, Jr.** **2/13/04** **561/655-9631**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #