


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 01, 2005 8:00 am**  
**Secretary of State**

06-21-2005 90002 043 \*\*\*150.00

<b>DOCUMENT # K84254</b>	
1. Entity Name IAN T. SNAGG, INC.	

Principal Place of Business 251 50 STATE RD 7 PLANTATION, FL 33317 US 6870 NW 29TH CT SUNRISE, FL 33313	Mailing Address 251 50 STATE RD 7 PLANTATION, FL 33317 US 6870 NW 29TH CT SUNRISE, FL 33313
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**66024069**



04132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0115482	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SNAGG, IAN T.  
6870 NW 29TH COURT  
SUNRISE, FL 33313

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV SNAGG, IAN T. 6870 NW 29TH COURT SUNRISE, FL 33313
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**DO NOT WRITE  
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: *IAN T. SNAGG*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*IAN T. SNAGG, Pres. 11/13/05 904-707-8764*

ATTACHMENT

06024069

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#K84254

PLEASE NOTE CHANGE OF ADDRESS -  
THE ORIGINAL REPORT WAS MAILED TO  
THE ADDRESS OF RELAND. I HAVE MOVED  
FROM THAT ADDRESS AND WAS NOT  
CONTACTED OR NOTIFIED THAT I HAVE  
MAH UNTIL JUNE 10TH 2015.  
PLEASE WAIVE LATE CHARGE.

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