## **2006 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## FILED Feb 08, 2006 8:00 am Secretary of State 02-08-2006 90014 048 \*\*\*\*61.25

DOCUMENT # N03000003845  1. Entity Name SNAP OF FLORIDA, INC.								0 <b>2</b> 0 <b>0 2</b> 000		91.	
Principal Place of Business 2473 CARE DRIVE 2			2473 2					。 元音 新作			
TALLAHASSSEE, FL 32308			IALL#	TALLAHASSSEE, FL 32308							
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01232006	Chg-NP	CR2E037 (	(11/05)		
City & State		City & State				4. FEI Number APPLIED	FOR 20-	001455		plied For t Applicable	
Zip	Zip Country		Zip	Zip Cou		untry	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered Age	nt		
POWELL, BOB L 2473 CARE DRIVE					Name Street Address (P.O. Box Number is Not Acceptable)						
2 TALLAHASSEE, FL 32308					-						
					City	FL Zip Code					
	e named entit tions of regist	ty submits this statement stered agent.	for the purpo	ose of changing its	s register	red office or regis	stered agent, or both	n, in the State of F	Fiorida. I am farr	niliar with, i	and accept
SIGNATURE											
	Signature, typed	d or printed name of registered age	ent and title if appl	icable. (NOT	E: Registere	ed Agent signature requ	ived when reinstating)		DATE		
	Filing Fe	ee is \$61.25 May 1, 2006	ent and title if appl	9. Election Cal Trust Fund (	mpaign f	Financing _	\$5.00 May Be Added to Fees		Make check porida Departmo		
10.	Filing Fe Due by N	e is \$61.25		9. Election Ca Trust Fund (	mpaign f	Financing tion.	\$5.00 May Be	Flo	Make check parida Departmo	ent of Sta	ate
TITLE	Filing Fe Due by M	oe is \$61.25 May 1, 2006 OFFICERS AND D		9. Election Car	mpaign F Contribut	Financing tion.	\$5.00 May Be Added to Fees	Flo	Make check porida Departmo	ent of Sta	ate
TITLE NAME	Filing Fe Due by M	oe is \$61.25 May 1, 2006 OFFICERS AND E		9. Election Ca Trust Fund (	mpaign F Contribut 11. TITL NAM	Financing tion.	\$5.00 May Be Added to Fees	Flo	Make check porida Departmo	Ent of Sta	10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWELL 2473 CAR TALLAHA	OFFICERS AND DE LASSEE, FL 32308		9. Election Ca Trust Fund (	mpaign F Contribut 11. TITL NAN STRI	Financing tion.   LE  ME  ME  V-ST-ZIP  LE	\$5.00 May Be Added to Fees	Flo	Make check porida Departmo	Ent of Sta	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	POWELL 2473 CAF TALLAHA V MARTIN, 2473 CAF	OFFICERS AND E		9. Election Cal Trust Fund (	mpaign F Contribut  11.  TITL NAM STRICT TITL NAM STRICT NAM STRICT	Financing tion.   LE  ME  LEET ADDRESS  Y-ST-ZIP  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	\$5.00 May Be Added to Fees	Flo	Make check porida Departmo	ent of Sta CTORS IN Change	10 Addition
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I nereoy certify that the information supplied with this filling 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 617, 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: #201

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-386-6184