2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N03000003845

Entity Name: SNAP OF FLORIDA, INC.

Current Principal Place of Business:

2477 TIM GAMBLE PLACE, STE 200
TALLAHASSSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2477 TIM GAMBLE PLACE, STE 200
TALLAHASSSEE, FL 32308

New Mailing Address:

FEI Number: 20-0014559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, BOB L
2473 CARE DRIVE
2
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

POWELL, BOB L
2477 TIM GAMBLE PLACE
SUITE 200
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: _____ 04/21/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POWELL, BOB L
Address: 2473 CARE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: V ( ) Delete
Name: MARTIN, LOUIS
Address: 2473 CARE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete
Name: PAYNE, MARK
Address: 2473 CARE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POWELL, BOB L
Address: 2477 TIM GAMBLE PLACE, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32308

Title: V (X) Change ( ) Addition
Name: MARTIN, LOUIS
Address: 2477 TIM GAMBLE PLACE, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32308

Title: S (X) Change ( ) Addition
Name: PAYNE, MARK
Address: 2477 TIM GAMBLE PLACE, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB POWELL P 04/21/2009
Electronic Signature of Signing Officer or Director — Date