

2007 FOR-PROFIT CORPORATION ANNUAL REPORT

STATEMENT # P00000021189

HOLDINGS, INC.



FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business
501 MANDALAY AVE STE 901
CLEARWATER BEACH, FL 33767

Mailing Address
501 MANDALAY AVE STE 901
CLEARWATER BEACH, FL 33767



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3639678

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNYDER, CLIFFORD D PRES
501 MANDALAY AVE STE 901
CLEARWATER BEACH, FL 33767

**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, 2007 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
PRES
SNYDER, CLIFFORD D PRES
501 MANDALAY AVE STE 901
CLEARWATER, FL 33767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SNYDER, MARYLIN V
501 MANDALAY AVE STE 901
CLEARWATER BEACH, FL 33767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000598206
01/24/07-80067-008 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: *Clifford D. Snyder, Pres* **CLIFF SNYDER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-07 **612-240-7308**

Date

Daytime Phone #