


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000047995 1. Entity Name SNF MANAGEMENT SERVICES, INC.	
---	---

Principal Place of Business 4175 MEDULLA RD LAKELAND, FL 33811	Mailing Address P.O. BOX 7670 LAKELAND, FL 33807-7670
--	---

DO NOT WRITE IN THIS SPACE



08262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3654828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WENDEL, JOHN F 5300 S FLORIDA AVE P.O. BOX 5378 LAKELAND, FL 33813	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		000000171286 08/31/04-80001-008 550.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAMPBELL, SHERROD 805 EASTON DRIVE LAKELAND, FL 33803	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DONALDSON, ROBERT 54119 MYRICA MACOMB, MI 48042	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HAMMER, MARVIN C 2001 E.F. GRIFFIN ROAD BARTOW, FL 33830	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED BURTON, JOHN C 4175 MEDULLA ROAD LAKELAND, FL 33811	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

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: John C. Burton **JOHN C. BURTON, Exec. Dir.** 8/30/04 863-644-2431

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