

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047995

FILED
Apr 28, 2006
Secretary of State

Entity Name: SNF MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

4175 MEDULLA RD
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7670
LAKELAND, FL 338077670

New Mailing Address:

FEI Number: 59-3654828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENDEL, JOHN F
5300 S FLORIDA AVE
P.O. BOX 5378
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMPBELL, SHERROD
Address: 805 EASTON DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: VD () Delete
Name: DONALDSON, ROBERT
Address: 54119 MYRICA
City-St-Zip: MACOMB, MI 48042

Title: STD () Delete
Name: HAMMER, MARVIN C
Address: 2001 E.F. GRIFFIN ROAD
City-St-Zip: BARTOW, FL 33830

Title: ED (X) Delete
Name: BURTON, JOHN C
Address: 4175 MEDULLA ROAD
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HUNT, BOB
Address: 8008 KRISTA LYNN CT
City-St-Zip: ORLANDO, FL 32822

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERROD CAMPBELL

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date