

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91017 044 \*\*\*150.00

|   |  |                       |  |  |  |
|---|--|-----------------------|--|--|--|
| <b>DOCUMENT # P00000108312</b><br>1. Entity Name<br><b>SNAKE OUT, INC.</b>  |  |                       |  |   |  |
| Principal Place of Business<br><b>7101 RALEIGH STREET<br/>HOLLYWOOD, FL 33024</b>   |  |                       | Mailing Address<br><b>3923 JEFFERSON STREET<br/>HOLLYWOOD, FL 33021</b>  |  |  |
| 2. Principal Place of Business<br><b>3923 Jefferson Street</b>  |  |                       | 3. Mailing Address -   |  |  |
| Suite, Apt. #, etc.   |  |                       | Suite, Apt. #, etc.  |  |  |
| City & State<br><b>Hollywood, Florida</b>   |  |                       | City & State   |  |  |
| Zip<br><b>33021</b>   |  | Country<br><b>USA</b> |  | 4. FEI Number<br><b>65-1056111</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |                       |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SPIEGEL &amp; UTRERA, P.A.<br/>343 ALMERIA AVENUE<br/>CORAL GABLES, FL 33134</b>  |  |                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| 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 _____   |  |                       |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  |                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSTD<br>ANGEL, ALBERT <input checked="" type="checkbox"/> Delete<br>7101 RALEIGH STREET<br>HOLLYWOOD, FL 33024 |                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Joseph Puccio<br>3923 Jefferson Street<br>Hollywood, FL 33021 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |  |                       |  |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |                       | Date <b>4-30-04</b> Daytime Phone #  |  |  |

94081519



04292004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

☐ \$8.75 Additional Fee Required

FL Zip Code

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition