

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000043463**

1. Entity Name  
**SAM SNYDER AVIONICS, INC.**



Principal Place of Business  
**2620 SW 13 AVE  
FT LAUDERDALE, FL 33315**

Mailing Address  
**2620 SW 13 AVE  
FT LAUDERDALE, FL 33315**

**DO NOT WRITE IN THIS SPACE**



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1110151**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SNYDER, SAMUEL F III  
2620 SW 13TH AVENUE  
FORT LAUDERDALE, FL 33315**

**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 \$550.00  
Due by September 8, 2004**

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  
**DP  
SNYDER, SAMUEL F III  
2620 SW 13 AVE  
FT LAUDERDALE, FL 33315**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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07/06/04-80007-021 558.75

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IN THIS SPACE**

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.

SIGNATURE:

*Samuel F. Snyder III* **Samuel F. Snyder III** 7/1/2004 954-812-4213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #