


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90039 046 \*\*\*150.00

<b>DOCUMENT # P01000059869</b> 1. Entity Name <b>SNEDDON CONSTRUCTION CORPORATION</b>					
Principal Place of Business <b>508 S.W. 19TH ST OKEECHOBEE, FL 34974</b>			Mailing Address <b>PO BOX 1520 OKEECHOBEE, FL 34973</b>		
2. Principal Place of Business - No P.O. Box # <b>1908 S.W. 6th Ave</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Okeechobee, FL</b>		City & State			
Zip <b>34974</b>		Country <b>Okeechobee</b>		Zip Country	
6. Name and Address of Current Registered Agent <b>SNEDDON, ROBERT C 508 SW 19TH ST OKEECHOBEE, FL 34974</b>				7. Name and Address of New Registered Agent Name <b>Robert C. Sneddon</b> Street Address (P.O. Box Number is Not Acceptable) <b>1908 S.W. 6th Ave.</b> City <b>Okeechobee</b> <b>FL</b> Zip Code <b>34974</b>	
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 <u><i>Robert C. Sneddon</i></u> <b>Robert C. Sneddon</b> <b>4-9-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SNEDDON, ROBERT C 508 SW 19TH ST OKEECHOBEE, FL 34974</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Sneddon, Robert C. 1908 SW 6th Ave. Okeechobee, FL 34974</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u><i>Robert C. Sneddon</i></u> <b>Robert C. Sneddon</b> <b>4/9/07</b> <b>863-763-0740</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					