## 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** May 01, 2006 08:00 A Secretary of State DOCUMENT # P01000116007 1. Entity Name R. R. SNACKS, INC. Principal Place of Business Mailing Address 2062 SW RACQUET CLUB DRIVE 2062 SW RACQUET CLUB DRIVE PALM CITY, FL 34990 PALM CITY, FL 34990 No Chg-P 01172006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 30-0002089 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RANIERI, ROBERT DO NOT WRITE 2062 SW RACQUET CLUB DRIVE PALM CITY, FL 34990 IN THIS SPACE 3. 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 agenesi dent 4-26-16 SIGNATURE nature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE RANIER, ROBERT STREET ADDRESS 2062 SW RACQUET CLUB DRIVE 000000553294 05/15/06-80046-007 150.00 CITY-ST-ZIP PALM CITY, FL 34990 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP me IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP me NAME

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 chapter 607 on an attachning with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CiTY -ST - ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR