

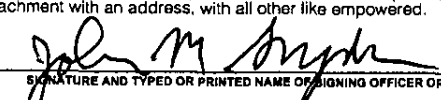


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000028515			
1. Entity Name JOHN M. SNYDER, INC.			
Principal Place of Business 627 NE CANOE PARK CIRCLE PORT SAINT LUCIE, FL 34983		Mailing Address 627 NE CANOE PARK CIRCLE PORT SAINT LUCIE, FL 34983	
DO NOT WRITE IN THIS SPACE			
		 01242007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 30-0060041	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNYDER, JOHN M 627 NE CANOE PARK CIRCLE PORT SAINT LUCIE, FL 34983		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SNYDER, JOHN M 627 NE CANOE PARK CIRCLE PORT SAINT LUCIE, FL 34983		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNYDER, LAURIE C 627 NE CANOE PARK CIRCLE PORT SAINT LUCIE, FL 34983		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
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: 		4/5/07 772-528-5425	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	