


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000066266		
1. Entity Name MICHAEL J. SNYDER & ASSOCIATES, P.A.		
Principal Place of Business 4000 HOLLYWOOD BLVD., STE 455-S HOLLYWOOD, FL 33021	Mailing Address 4000 HOLLYWOOD BLVD., STE 455-S HOLLYWOOD, FL 33021	
6. Name and Address of Current Registered Agent SNYDER, MICHEL J 4000 HOLLYWOOD BLVD., STE 455-S HOLLYWOOD, FL 33021		
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 reissuing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		U00000289452 04/06/05-80026-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, MICHAEL J 4000 HOLLYWOOD BLVD., STE 455-S HOLLYWOOD, FL 33021	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # (954) 374-5678



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number
81-0557669

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required