

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90721 005 ***150.00

DOCUMENT # P02000070676					
1. Entity Name SNOOP SAILS & CANVAS, INC.					
Principal Place of Business 1875 GOLDENROD ST SARASOTA, FL 34239			Mailing Address 1875 GOLDENROD ST SARASOTA, FL 34239		
2. Principal Place of Business 5931 Palmer blvd Suite, Apt. #, etc. Sarasota FL City & State		3. Mailing Address 5931 Palmer blvd Suite, Apt. #, etc. Sarasota FL City & State			
Zip 34232 Country USA		Zip 34232 Country USA		02232004 Chg-P CR2E034 (10/03)	
4. FEI Number 01-0733836				<input type="checkbox"/> Applied For <input checked="" 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 ROMAGNA, SUSAN C 1875 GOLDENROD ST SARASOTA, FL 34239	
7. Name and Address of New Registered Agent Name: SUSAN C. Humberston Street Address (P.O. Box Number is Not Acceptable): 5931 Palmer Blvd City: SARASOTA FL Zip Code: 34232				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: <i>[Signature]</i> DATE: 4/30/04 <small>(NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: VP NAME: ROMAGNA, SUSAN STREET ADDRESS: 1875 GOLDEN ROD ST. CITY-ST-ZIP: SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE: VP NAME: SUSAN Humberston STREET ADDRESS: 5931 PALMER blvd CITY-ST-ZIP: SARASOTA FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P NAME: HUMBERSON, GARY STREET ADDRESS: 1875 GOLDEN ROD ST. CITY-ST-ZIP: SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE: P NAME: GARY Humberston Jr. STREET ADDRESS: 5931 PALMER BLVD CITY-ST-ZIP: SARASOTA FL 34232	<input checked="" 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	
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	
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: <i>[Signature]</i>			Date: 4/30/04 Daytime Phone #: 941-587-3460		