


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90054 019 ***158.75

DOCUMENT # P02000093183	
1. Entity Name J. SNYDER & ASSOCIATES, INC.	

Principal Place of Business 1004 BALAYE VISTA CIRCLE #303 TAMPA, FL 33361-9	Mailing Address 1004 BALAYE VISTA CIRCLE #303 TAMPA, FL 33619
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50004982



2. Principal Place of Business 747 W. OCEACOK SQ Suite, Apt. #, etc.	3. Mailing Address PO Box 690278 Suite, Apt. #, etc.
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01172005 Chg-P CR2E034 (10/03)

City & State VERO BEACH, FL	City & State VERO BEACH, FL
Zip 32968	Zip 32969
Country INDIAN RIVER	Country INDIAN RIVER

4. FEI Number 03-0480459	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SNYDER, JOSEPH 1004 BALAYE VISTA CIRCLE #303 TAMPA, FL 33619	
7. Name and Address of Registered Agent Name JOSEPH SNYDER Street Address (P.O. Box Number is Not Acceptable) 747 W. OCEACOK SQ S.W. City VERO BEACH FL Zip Code 32968	

ADDRESS CHANGED

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 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 SNYDER, JOSEPH 1004 BALAYE VISTA CIRCLE #303 TAMPA, FL 33619 <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	S SNYDER, CATHY L 1004 BALAYE VISTA CIRCLE #303 TAMPA, FL 33619 <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 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: Joseph D. Snyder - Director 1-17-05 569-7180 772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #