

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110031

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: SNI GROUP INC

**Current Principal Place of Business:**

1811 10TH ST W  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

4217 MARLIN LN  
PALMETTO, FL 34221

**New Mailing Address:**

FEI Number: 11-3663456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCARTNEY, LUCINDA  
4217 MARLIN LN  
PALMETTO, FL 34221 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: MCCARTNEY, LUCINDA  
Address: 4217 MARLIN LN  
City-St-Zip: PALMETTO, FL 34221

Title: ST ( ) Delete  
Name: PESSINA, LISA  
Address: 4349 POMPANO LN  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: PESSINA, GUY  
Address: 4349 POMPANO LN  
City-St-Zip: PALMETTO, FL 34221

Title: P ( ) Delete  
Name: BLENKER, H L  
Address: 4212 PIN FISH LN  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCINDA L MCCARTNEY

VP

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date