
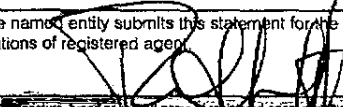
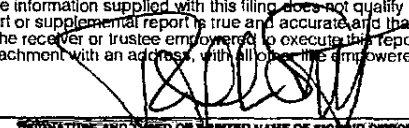


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000129645		
1. Entity Name SNS HOLDINGS, INC.		
Principal Place of Business 709 16TH STREET N. SAINT PETERSBURG, FL 33705	Mailing Address 709 16TH STREET N. SAINT PETERSBURG, FL 33705	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMITH, THOMAS 150 SECOND AVENUE NORTH, SUITE 1100 ST PETERSBURG, FL 33701		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, if applicable (NOTE: Registered Agent signature required when reinstating)</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		UN00000326678 04/25/05-80007-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANTAS, ROBERT P M.D. 2191 9TH AVENUE NORTH, SUITE 120 ST. PETERSBURG, FL 33713	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIGGETT, ROBERT L JR. MD 2191 9TH AVENUE NORTH, SUITE 120 ST. PETERSBURG, FL 33713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 titles empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		717-550-4599 <small>Date Daytime Phone #</small>