2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000000157

1. Entity Name

C. JACK SNYDER, CPA, P.A.



FILED
Jan 23, 2007 08:00 AM
Secretary of State

Principal Place of Business

2147 S TAMIAMI TRAIL OSPREY, FL 34229 Mailing Address

2147 S TAMIAMI TRAIL OSPREY, FL 34229



01182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1167909 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNYDER, C JACK 2147 S TAMIAMI TRAIL OSPREY, FL 34229

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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

Signature, typed or printed name of registered agent and title if applicable.

\$5.00 May Be Added to Fees

U00000599166 01/25/07-80015-018 150.00

After May 1, 2007 Fee will be \$550.00

OFFICERS AND DIRECTORS

TITLE PSTD
NAME SNYDER, C JACK
STREET ADDRESS
CITY-ST-ZIP OSPREY, FL 34229
TITLE

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Floring the state on this record or supplemental report is true and accurate and that my signature shall have the same legal effect as if

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 chapter 607, provided in 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME O

SIGNING OFFICER OR DIRECTOR

-18-07

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