

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90007 037 ***150.00

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1. Entity Name
SNS DEVELOPERS, INC.



Principal Place of Business
**1300 CONNIE AVE. N.
LEHIGH ACRES, FL 33971**

Mailing Address
**1300 CONNIE AVE. N.
LEHIGH ACRES, FL 33971**

40017567



01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2322810

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BURKE, PAULA M
2930 SW 1ST PLACE
CAPE CORAL, FL 33914**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SAEZ, HERIBERTO
1300 CONNIE AVENUE
LEHIGH ACRES, FL 33971**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
SAEZ, HERIBERTO
1300 CONNIE AVE N.
LEHIGH ACRES, FL 33971**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
SAEZ, JUAN C
6631 WESTWOOD ACRES
FORT MYERS, FL 33905**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
GARCIA, JUAN I
803 JOEL BLVD.
LEHIGH ACRES, FL 33971**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERIBERTO SAEZ, PRES.

Date

(239) 303-1801

Daytime Phone