

03-15-2004 90004 026 ***158.75

DOCUMENT # P03000041660				03-15-2004 90004 026 ***158.75	
1. Entity Name SNORE-GONE, INC					
Principal Place of Business PO BOX 666 OCALA, FL 34471		Mailing Address PO BOX 666 OCALA, FL 34471		66414011	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03102004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 02-0688456	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired		☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZACCO, CHRISTOPHER B 1217 SW 7TH STREET OCALA, FL 34471			7. Name and Address of New Registered Agent		
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City			FL Zip Code		
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, 2004 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			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
☐ Delete			☐ Change ☐ Addition		
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☐ Delete			☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  3-8-04 352-875-7667					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					