

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 8:00 am
Secretary of State

01-19-2007 90034 012 ***150.00

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1. Entity Name

J M SNOW CONSTRUCTION, INC.



Principal Place of Business

1148 STILLWELL ROAD
BELLE GLADE, FL 33430

Mailing Address

1148 STILLWELL ROAD
BELLE GLADE, FL 33430

66001448



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1192290

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNOW, JAMES M JR
1148 STILLWELL ROAD
BELLE GLADE, FL 33430

**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 \$554 applicable.

(NOTE: Registered Agent signature required when reinstating)

01/15/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SNOW, JAMES M JR
STREET ADDRESS 1148 STILLWELL ROAD
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE D
NAME SNOW, KENDRA J
STREET ADDRESS 1148 STILLWELL ROAD
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

2/11/07 561-996-5062
DATE Daytime Phone #