2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State
05-04-2004 90171 010 ***150.00

5/4/2

1. Entity Nam	MENT # P0300008 S SNOW MANAGEMENT		(
Principal Place of Business 12101 CRESCENT COVE COURT WINDERMERE, FL 34786		Mailing Address 12101 CRESCENT COVE COURT WINDERMERE, FL 34786		66427091					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202004	Chg-P	CR2E03	4 (10/03)	
City & State		City & State		4. FEI Numbe	14-310	0328		oplied For ot Applicable.	
Zip	Country	Country Zip Co			5. Certificate of Status Desired S8.75 Additional Fee Required			ditional	
Name and Address of Current Registered Agent BOZZUTO, JACQUELINE:				Name	7. Name and	Address of New R		_ •	
215 NORT	H EOLA DRIVE , FL 32801		Street Addres		P.O. Box Numbe	is Not Acceptable)		
. 1	* ***		ļ.	City		·	FL	Zip Cod	6
SIGNATURE_	named entity submits this statement ons of registered egent. Signeurs, hood or primed name of registered age		TE: Registered Ac	peni dignature required	when reinstating)	n, in the State of Flo	rida. I am fa	miliar with,	and accept
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	Trust Fund Con	ntribution.		.00 May Be ed to Fees				
10.	D "	D DIRECTORS Deleta	11.		ADDITIONS/	HANGES TO OFFI			
NAME STREET ADDRESS City-St-Zip	RIVERS, JOHNNY 12101 CRESCENT COVE COL WINDERMERE, FL 34786		NAME STREET A					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT J.S. SNOW 239 E. COPELAND DRIVE ORLANDO, FL 32808	☐ Dekits	TITLE MARKE STREET A CITY-ST-				1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-				1	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ч	☐ Delete	TITLE NAME STREET A CITY-ST-				Ī	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	TITLE HAME STREET A CITY-ST-				1	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	C) Deleta	TITLE NAME STREET A CITY-ST-	709				Change	Addition :
12. I hereby of indicated of the con changed,	ertify that the information supplied won this report or supplemental report contains or the receiver or tubelee emor on an attachment with an address URE:	ith this filling does not qualify to is true and accurate and that powered to execute this report with all other like empowered	x the exemp	tion stated in Se	, FRO KIE SIERORS	Florida Statutes. I as if made under of and that my name	appears an	SIDCK 10 OF	BIOCK II R