

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90002 048 ***558.75

DOCUMENT # P03000087821

1. Entity Name

SNAKE BITE EXOTIC BIKER ACCESSORIES, CO.



Principal Place of Business

**204 CAROLINE STREET #714
CAPE CANAVERAL FL 32920**

Mailing Address

**204 CAROLINE STREET #714
CAPE CANAVERAL FL 32920**

04000007



MOORE

CR2E034 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0293409

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, DAVID A
204 CAROLINE STREET #714
CAPE CANAVERAL FL 32920**

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

David A Hall *David A Hall Director*

David A Hall

8-9-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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	D	<input type="checkbox"/> Delete
NAME	HALL, DAVID A	
STREET ADDRESS	204 CAROLINE STREET #714	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	<i>S/T</i>	<input type="checkbox"/> Delete
NAME	<i>Melani Williams</i>	
STREET ADDRESS	<i>204 Caroline St. #714</i>	
CITY-ST-ZIP	<i>Cape Canaveral, FL 32920</i>	
TITLE	<i>C</i>	<input type="checkbox"/> Delete
NAME	<i>Glenn Williams</i>	
STREET ADDRESS	<i>204 Caroline St. #714</i>	
CITY-ST-ZIP	<i>Cape Canaveral, FL 32920</i>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

David A Hall *David A Hall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-04

Date

321-501-5892

Daytime Phone #