

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000110192

1. Entity Name
SNYDER & SONS INC.



Principal Place of Business
42150 STATE RD 64 EAST
MYAKKA CITY, FL 34251-7353

Mailing Address
42150 STATE RD 64 EAST
MYAKKA CITY, FL 34251-7353



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1187828

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SNYDER, CHARLES G
42150 STATE RD 64 EAST
MYAKKA CITY, FL 34251-7353

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WALKER, CATHERINE T
STREET ADDRESS 42150 STATE RD 64 EAST
CITY-ST-ZIP MYAKKA CITY, FL 342517353

TITLE VD
NAME SNYDER, CHARLES G
STREET ADDRESS 42150 STATE RD 64 EAST
CITY-ST-ZIP MYAKKA CITY, FL 342517353

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04/13/05-80022-023 150.00

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IN THIS SPACE**

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: Catherine T. Walker, CATHERINE T. WALKER 4-11-05 (94) 322-0326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #