

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90373 025 ***150.00

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1. Entity Name
SNEAD PAINTING, INC.



Principal Place of Business
1856 79TH AVENUE
VERO BEACH, FL 32966 US

Mailing Address
1856 79TH AVENUE
VERO BEACH, FL 32966 US

40085904



DO NOT WRITE IN THIS SPACE

03122008 No Chg-P CR2E034 (11/05)

4. FEI Number
57-1189040

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WETHERALD, VIRGINIA M
937 20TH STREET 3333 20th Street
VERO BEACH, FL 32960

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S SNEAD, SCOTT D 1856 79TH AVENUE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V,T SNEAD, LORI J 1856 79TH AVENUE VERO BEACH, FL 32966
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TITLE NAME STREET ADDRESS 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: Lori J. Snead VP Lori J. Snead VP 4-12-08 772 5649263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #