

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90229 015 ***158.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000117592

1. Entity Name
SNACKMAN INC



Principal Place of Business
4267 NW FEDERAL HWY
#189
JENSEN BEACH, FL 34957 US

Mailing Address
4267 NW FEDERAL HWY
#189
JENSEN BEACH, FL 34957 US

14010728



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

55-0864151

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HENNIGAN, KATHY M
4267 NW FEDERAL HWY
#189
JENSEN BEACH, FL 34957

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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature is required when resigning)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
HENNIGAN, KATHY M
4267 NW FEDERAL HWY #189
JENSEN BEACH, FL 34957

☐ Delete

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

Kathy M. Hennigan, Pres.

Kathy M. Hennigan

4/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date