

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03C00122029

1. Entity Name

WILLIAM SNYDER ENTERPRISES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 17 AM 9:12

Principal Place of Business

Mailing Address

5672 TOMOKA DR  
16  
ORLANDO, 32839

5672 TOMOKA DR  
16  
ORLANDO, 32839

REINSTATEMENT 4-05



MOORE

CR2E034 (4/04)

2. Principal Place of Business

1435 ROSE BLVD.

3. Mailing Address

1435 ROSE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLA

City & State

ORLANDO FL

4. FEI Number

16-1687219

Applied For

Not Applicable

Zip  
32839

Country  
ORANGE

Zip  
32839

Country  
ORANGE

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

SNYDER, WILLIAM M  
5672 TOMOKA DR, APT 16  
APT 16  
ORLANDO FL 32839

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 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
SNYDER, WILLIAM M  
5672 TOMOKA DR, APT 16  
ORLANDO FL 32839

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
SNYDER, WILLIAM M.  
1435 ROSE BLVD.  
ORLANDO, FL 32839

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
COURSEY, ALYSSA A  
5672 TOMOKA DR, APT 16  
ORLANDO FL 32839

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400043652494  
12/27/04--01092--005 \*\*150.00

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

100060916891  
10/25/05--01030--012 \*\*187.50

TITLE  
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #