




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90224 004 ***158.75

DOCUMENT # P03000122029 1. Entity Name WILLIAM SNYDER ENTERPRISES, INC.																							
Principal Place of Business 1772 CHESTNUT AVENUE WINTER PARK, FL 32789			Mailing Address 1772 CHESTNUT AVENUE WINTER PARK, FL 32789																				
2. Principal Place of Business Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country ORANGE			3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country ORANGE																				
4. FEI Number 16-1687219			Applied For <input type="checkbox"/> Not Applicable																				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			03082006 Chg-P CR2E034 (11/05)																				
6. Name and Address of Current Registered Agent SNYDER, WILLIAM M 5672 TOMOKA DR, APT 16 ORLANDO, FL 32839			7. Name and Address of New Registered Agent Name William M. SNYDER Street Address (P.O. Box Number is Not Acceptable) 1772 CHESTNUT AVE. City WINTER PARK FL 32789																				
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  DATE 3-11-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P SNYDER, WILLIAM M</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1435 ROSE BLVD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL 32839</td> <td></td> </tr> </table>			TITLE	P SNYDER, WILLIAM M	<input type="checkbox"/> Delete	STREET ADDRESS	1435 ROSE BLVD		CITY - ST - ZIP	ORLANDO, FL 32839		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP		
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							

50003023





ATTACHMENT

50003023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2006

WILLIAM SNYDER ENTERPRISES, INC.
1772 CHESTNUT AVENUE
WINTER PARK, FL 32789

SUBJECT: WILLIAM SNYDER ENTERPRISES, INC.
Ref. Number: P03000122029

We have received your document for WILLIAM SNYDER ENTERPRISES, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

An officer or director must sign the report.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 606A00016063