2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000134653

1. Entity Name

SNYDER'S CARPENTRY INC.



FILED Jun 06, 2008 08:00 AM Secretary of State

Principal Place of Business

ess Mailing Address

323 PALM STREET INTERLACHEN, FL 32148 323 PALM STREET INTERLACHEN, FL 32148



DO NOT WRITE IN THIS SPACE

05292008

4. FEI Numb

No Chg-P

CR2E034 (11/05)

FEI Number
 52-2400625

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNYDER, BRIAN 323 PALM ST INTERLACHEN, FL 32148

DO NOT WRITE IN THIS SPACE

| INTERLACHEN, FL 32148 | | | IN THIS SPACE | | | |
|--|--|---|--------------------|--------------------------------|--|--|
| | | | | , | | |
| | e named entity submits this statement for the tions of registered agent. | e purpose of changing its register | ed office or r | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE. | Signature, typed or printed name of registered agent and | initie if applicable (NOTE: Registere | ed Agent signature | required when reinstating) | DATE | |
| | LE NOW!!! FEE IS \$150.00 tue by September 12, 2008 | 9. Election Campaign Final Trust Fund Contribution | ncing | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. | OFFICERS AND DIF | RECTORS | i | . , 1 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SNYDER, BRIAN 323 PALM ST INTERLACHEN, FL 32148 | | * | | U00000952882 06/06/08-80001-031 150.00 | |
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| TITLE NAME STREET ADDRESS | | | ; | Mary Contracts | | |

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 attachingent with an address, with all gither like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SENING OFFICER OR DIRECTO

06/03/08.

386-684-3549

Daytime Phone i