

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P03000148124

1. Entity Name
DAVID SNYDER, INC.



Principal Place of Business
3689 BRENTWOOD CT.
MELBOURNE, FL 32935 US

Mailing Address
3689 BRENTWOOD CT.
MELBOURNE, FL 32935 US



03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0455468

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID, SNYDER
3689 BRENTWOOD CT.
MELBOURNE, FL 32935

**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 15, 2007, Fee will be \$580.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000669708
03/27/07-80079-024 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME DAVID, SNYDER
STREET ADDRESS 3689 BRENTWOOD CT.
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE SEC
NAME DAVID, SNYDER
STREET ADDRESS 3689 BRENTWOOD CT.
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE VP
NAME TOWER, MARK
STREET ADDRESS 450 GEMAIRE DRIVE #17
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

David Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID SNYDER

3/14/07

Date

321-288-0540

Daytime Phone #