## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000156046**



**FILED** Feb 07, 2005 8:00 am Secretary of State

1. Entity Name FREDERICK J. SNYDER PRESSURE CLEANING & SANDBLASTING, INC.						02-07-2005 90052 019 ***158.78				
Principal Place of Business			Mailing Address			1				
11631 PALOMINO LANE										
FT. MYERS, FL 33912			11631 PALOMINO LANE FT. MYERS, FL 33912				IRIPE IKH FENI PEN BES	ı HSPI GING GE	tii Bain at <del>ala</del> af	1 <b>1900</b> 1 25 10002
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01132005	Chg-P	CR2E0	34 (10/03)		
City & State			City & State		4. FEI Number	, 0641853		—— <u> </u>	oplied For ot Applicable	
Zip	Country		Żip	Coun	try	5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
SNYDER, FREDERICK J					Name					
11631 PALOMINO LANE FT. MYERS, FL 33912					Street Address (P.O. Box Number is Not Acceptable)					
					City		·· ·· ·	FL	Zip Code	е
8. The above the obligat	named entity submits this stone of registered agent.	atement for the p	ourpose of changing its	register	ed office or registe	red agent, or both	n, in the State of Flo	rida. Iam i	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of re-	gintered agent and title	if applicable. (NOTE	: Registere	d Agent signature require	d when reinstating)		DATE		
After Ma	E NOW!!! FEE IS \$15 ay 1, 2005 Fee will b	e \$550.00	9. Election Campai Trust Fund Cont	ribution.		.00 May Be ded to Fees				
10.	OFFIC P	ERS AND DIRE	***************************************	11.		ADDITIONS/0	CHANGES TO OFFI	CERS AND		
TITLE NAME	SNYDER, FREDERICK	4	☐ Delete	TITLI	1				☐ Change	Addition
STREET ADDRESS	11631 PALOMINO LAN				ET ADDRESS					
CITY-ST-ZIP	FT. MYERS, FL 33912				-ST-ZIP					
TITLE	S		☐ Delete	TITL	E				☐ Change	Addition
NAME	SNYDER, PATTI K			NAM	E					_
STREET ADDRESS					ET ADDRESS					
CfTY-ST-ZIP	FT. MYERS, FL 33912			CITY	-ST-ZIP					
TITLE			☐ Delete	TITL	i				☐ Change	☐ Addition
NAME STREET ADDRESS				NAM						1
CITY-ST-ZIP	•	•			ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITL	:				☐ Change	☐ Addition
NAME				NAM	E					
STREET ADDRESS					ET ADDRESS					i
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			Delete	mu					Change	☐ Addition
NAME STREET ADDRESS				NAM	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITL	<del></del>			<del></del>	C Change	Addition
NAME				NAM	l l				☐ Change	CT MODIFICAL (
STREET ADDRESS					ET ADDRESS					İ
CITY-ST-ZIP					-ST-ZIP					
12. I hereby o	ertify that the information su	pplied with this f	iling does not qualify for	the exe	mption stated in Se	ection 119.07(3)(i)	, Florida Statutes. I	further cer	ify that the in	nformation
indicated	on this report or supplemen	tal report is true:	and accurate and that n	ny signa	ture shall have the	same legal effect	as if made under o	ath: that I a	m an officer	or director

SIGNATURE: