


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90570 010 ***158.75

DOCUMENT # P04000014505					
1. Entity Name SNOOKER'D, INC.					
Principal Place of Business 1437 FORRESTEDGE BLVD. OLDSMAR, FL 34677			Mailing Address 1437 FORRESTEDGE BLVD. OLDSMAR, FL 34677		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0495899	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BENNETT, BRUCE W 1437 FORRESTEDGE BLVD. OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME BENNETT, BRUCE W STREET ADDRESS 1437 FORRESTEDGE BLVD. CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE VD NAME Bennett, Bruce W. STREET ADDRESS 1437 Forrestedge Blvd. CITY-ST-ZIP Oldsmar, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BENNETT, JULIE A STREET ADDRESS 1437 FORRESTEDGE BLVD. CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE SD NAME Bennett, Julie A. STREET ADDRESS 1437 Forrestedge Blvd. CITY-ST-ZIP Oldsmar, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BERNITT, ELIZABETH A STREET ADDRESS 1437 FORRESTEDGE BLVD. CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE TD NAME Bernitt, Elisabeth A. STREET ADDRESS 2276 Toniwood Lane CITY-ST-ZIP Palm Harbor, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE PD NAME Bernitt, Wayne STREET ADDRESS 2276 Toniwood Lane CITY-ST-ZIP Palm Harbor, FL 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/15/05		813-276-1662 <small>Daytime Phone #</small>