2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000090919

SNACK SHACK OF ORANGE PARK INC.



Principal Place of Business

Mailing Address

777 DUART DR POST OFFICE BOX 412 ORANGE PARK, FL 32073 JACKSONVILLE, FL 320							- 4811) - 48:18	18281 11818 181		
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03082005	Chg-P (CR2E034	4 (10/03)		
City & State	е	City & State			4. FEI Numb	1037072		<u> </u>	pplied For ot Applicable	
Zip Country		Zip	Zip Count		5. Certificate of Status Desired		S8.75 Additional Fee Required			
6: Name and Address of Current Registered Agent										
				Name		·				
WALDRON, ROSE H 777 DUART DR ORANGE PARK, FL 32073			•	Street Address (P.O. Box Number is Not Acceptable)						
				City		FL Zip Code				
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										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be										
	ay 1, 2005 Fee will be \$550.		Added to Fees							
10.	OFFICERS AND DIRECTORS				ADDITIONS	/CHANGES TO OFFICER	RS AND D	RECTORS	3 IN 11	
TITLE	P/T Delete		TITLE	E			[Change	Addition	
NAME	WALDRON, ROSE H		NAM							
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY	-ST-ZIP						
TITLE	Senior VP	Delete	TITLE	E			[Change	☐ Addition	
NAME	Senior VP Delete Henry Jr, George V			E						
STREET ADDRESS	ss 10522 wooster br		STRE	ET ADDRESS						
CITY-ST-ZIP	3, - (1) == 0		CITY	-ST-ZIP						
TITLE	V.P.	☐ Delete	TITU	Ε			ابد ـــ	🗌 . Change 🛖		
NAME	-waldron Patri	ck B.	-^ = NAM	E		,=				
STREET ADDRESS	777 Duart Dr			ET ADDRESS						
CITY-ST-ZIP	orange Phif1 32073		CITY	-ST-ZIP						
TITLE	Jecretary Waldron, Seal	☐ Defete	TITLE	E			[Change	Addition	
NAME ~	Waldron, Seal	α B '	NAM	E)	
STREET ADDRESS	Water or ;		STRE	et address						
CITY-ST-ZIP	Trange Ph, fl 32073		CITY	-ST-ZIP						
TITLE	□ Delete		TITLI	E					☐ Addition	
NAME			NAM	E						
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP			CITY	- \$T- ZIP						
TITLE		☐ Delete	TITU	E			[Change	Addition	
NAME			NAM	E						
STREET ADDRESS			STRE	PZRROOM TE					i	

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.

CITY - ST - ZIP

CITY-ST-ZIP

3/18/05

904276-938

FILED

Mar 23, 2005 8:00 am Secretary of State

03-23-2005 90051 009 ***158.75

40001004