

2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2005-90135-036-\$150.00-\$150.00

192

DOCUMENT # P04000106289 1. Entity Name SNEAK ATTACK, INC.					
Principal Place of Business 154 MARINA AVE. KEY LARGO, FL 33037			Mailing Address 154 MARINA AVE. KEY LARGO, FL 33037		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VANDEMARK, TADD 154 MARINA AVE. KEY LARGO, FL 33037				Name 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: _____ DATE: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$ 150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P TADD VANDEMARK ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	154 MARINA AVE.		NAME		
STREET ADDRESS	KEY LARGO, FL 33037		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 the 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 and all other like empowered.					
SIGNATURE: <i>Tadd Vandemark</i> Signature and typed or printed name of signing officer or director			Date: <i>9/1/05</i> Daytime Phone #: <i>305-522-5576</i>		

05 OCT -6 PM 1:29
STATE
FLORIDA



08202005 Chg-P CR2E034 (10/03)

4. FCI Number **05-0605964** Applied For Not Applicable

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

William E. Porter

ACCOUNTANT

ATTACHMENT

50065015-

1912 RUGBY ROAD
CHAMPAIGN, ILLINOIS 61821
(217) 359-8873

August 22, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document # P04000106289

Dear Sir:

I am requesting the late penalty be abated. The taxpayer did not receive the renewal notice in the mail. The only notice was a card notifying him the a report must be filed by Sept. 2005.

Thank you,

William E. Porter
William E. Porter