


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90176 015 ***150.00

DOCUMENT # P04000133197							
1. Entity Name SNAZZY BUYS, INC.							
Principal Place of Business 3724 FAWN GROVE CT. LAND O' LAKES, FL 34639 US			Mailing Address 3724 FAWN GROVE CT. LAND O' LAKES, FL 34639 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 20-1652387			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
PHILLIPS, MARILYN R 3724 FAWN GROVE CT. LAND O' LAKES, FL 34639			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 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	PRES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PHILLIPS, MARILYN R	NAME					
STREET ADDRESS	3724 FAWN GROVE CT.	STREET ADDRESS					
CITY-ST-ZIP	LAND O' LAKES, FL 34639	CITY-ST-ZIP					
TITLE	CFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PHILLIPS, CHRISTOPHER D	NAME					
STREET ADDRESS	3618 VALENCIA COVE CT.	STREET ADDRESS					
CITY-ST-ZIP	LAND O' LAKES, FL 34639	CITY-ST-ZIP					
TITLE	COO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	COLLINS, NATALIE P	NAME					
STREET ADDRESS	4702 ALPINE ROAD	STREET ADDRESS					
CITY-ST-ZIP	LAND O' LAKES, FL 34639	CITY-ST-ZIP					
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ROUSE, STEWART A JR.	NAME					
STREET ADDRESS	44 ROLLING WOOD ROAD	STREET ADDRESS					
CITY-ST-ZIP	ELIOT, ME 03903	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Marilyn R Phillips</i>			Date: <i>4/28/05</i> Daytime Phone #: <i>813-996-3644</i>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							