



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90055 006 ***150.00

DOCUMENT # P04000155696 1. Entity Name SNAILRUN INC					
Principal Place of Business 1549 LYNCHBURG LOOP THE VILLAGES, FL 32162			Mailing Address 1549 LYNCHBURG LOOP THE VILLAGES, FL 32162		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <i>Same</i> City & State <i>Same</i> Zip <i>32162</i> Country <i>USA</i>		3. Mailing Address Suite, Apt. #, etc. <i>Same</i> City & State <i>Same</i> Zip <i>32162</i> Country <i>USA</i>			
4. FEI Number 56-2488838				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, NANCY L 1549 LYNCHBURG LOOP THE VILLAGES, FL 32162			7. Name and Address of New Registered Agent Name <i>Nancy L. Hendrickson</i> Street Address (P.O. Box Number is Not Acceptable) <i>1549 Lynchburg Loop</i> City <i>The Villages</i> FL Zip Code <i>32162</i>		
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 <i>Nancy L. Hendrickson AKA Nancy L. White</i> DATE <i>4-1-07</i> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PRES WHITE, NANCY L 1549 LYNCHBURG LOOP THE VILLAGES, FL 32162	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hendrickson, Nancy L. 1549 Lynchburg Loop The Villages, FL 32162
<input type="checkbox"/> Change <input type="checkbox"/> Addition	Copy of Marriage License Enclosed				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Nancy L. Hendrickson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4-18-07</i> Daytime Phone # <i>352 750 4233</i>		

