


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90045 028 ***150.00

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| DOCUMENT # P05000031864 1. Entity Name SNEAD ENTERPRISES, INC. |  |
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| Principal Place of Business 3539 APALACHEE PKWY STE 436 STE 3 #136 TALLAHASSEE, FL 32311 | Mailing Address 3539 APALACHEE PKWY STE 436 STE 3 #136 TALLAHASSEE, FL 32311 |
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DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SNEAD, BRANNON 404 KICKAPOO COURT 3539 APALACHEE PKWY. TALLAHASSEE, FL 32311 SUITE 3 #136 |
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SNEAD, BRANNON 404 KICKAPOO COURT 3539 APALACHEE PKWY. TALLAHASSEE, FL 32311 SUITE 3 #136 |
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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: *Brannon Snead* **BRANNON SNEAD** **3/8/2007** **850/445-3880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #