



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90027 019 \*\*\*150.00

<b>DOCUMENT # P06000083582</b> 1. Entity Name <b>SNELGROVE COMPANIES, INC.</b>					
Principal Place of Business <b>159 WRANGLE WOOD DRIVE</b> <b>WELLINGTON, FL 33414 US</b>			Mailing Address <b>159 WRANGLE WOOD DRIVE</b> <b>WELLINGTON, FL 33414 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		04012008      Chg-P      CR2E034 (12/06)	
4. FEI Number <b>20-5145290</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FUCHS, LANCE C ESQ.</b> <b>7108 FAIRWAY DRIVE</b> <b>SUITE 200</b> <b>PALM BEACH GARDENS, FL 33418</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SNELGROVE, JAMES</b> <b>159 WRANGLE WOOD DRIVE</b> <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>SNELGROVE, TROY</b> <b>159 WRANGLE WOOD DRIVE</b> <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>SNELGROVE, PATRICIA</b> <b>159 WRANGLE WOOD DRIVE</b> <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SNELGROVE, JAMIE</b> <b>159 WRANGLE WOOD DRIVE</b> <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>SNELGROVE, EMMA</b> <b>159 WRANGLE WOOD DRIVE</b> <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jamie Moore <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> <i>James L. Snelgrove</i> <b>4-7-08</b> <b>561-373-3028</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					