


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P06000132981 1. Entity Name CHARLES SNAPP, INC.					
Principal Place of Business 1458 E. MICHIGAN STREET ORLANDO FL 32806				Mailing Address 1458 E. MICHIGAN STREET ORLANDO FL 32806	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		4. FEI Number 76-0840099	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SNAPP, CHARLES 1458 E. MICHIGAN STREET ORLANDO FL 32806				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete <input type="checkbox"/>	
	SNAPP, CHARLES	1101 E. JEFFERSON STREET	ORLANDO FL 32801		
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete <input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete <input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete <input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete <input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete <input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete <input type="checkbox"/>	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Charles Snapp</i> 1-19-07 407-894-7562 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #					