


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000044364	
1. Entity Name SNYDER OVEN REPAIR, INC.	

Principal Place of Business 448 JORDAN STUART CIRCLR APT #208 APOPKA, FL 32703 US	Mailing Address P O BOX 1224 APOPKA, FL 32704 US
---	--




05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3189238	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 SNYDER, KENNETH E 448 JORDAN STUART CIRCLE APT #208 APOPKA, FL 32703
--

**DO NOT WRITE
IN THIS SPACE**

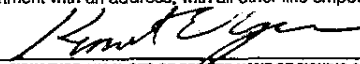
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  <i>Kenneth E Snyder</i>	DATE: <i>5/3/05</i>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SYNDER, KENNETH E 448 JORDAN STUART CIRCLE APT 208 APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HENDRIKS, SANDRA 2218 IROQUOIS LANE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SNYDER, KENNETH E 448 JORDAN STUART CIRCLE APT 208 APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000362609
05/05/05-80125-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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>Kenneth E Snyder</i>	Date: <i>5/3/05</i>	Daytime Phone #: <i>407-772-1661</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			