

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90042 027 ***150.00

DOCUMENT # P93000065524 1. Entity Name DAVID L. SNYDER, INC.					
Principal Place of Business 211 WEST OCEAN AVENUE BOYNTON BEACH, FL 33435			Mailing Address 211 WEST OCEAN AVENUE BOYNTON BEACH, FL 33435		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SNYDER, DAVID L 211 WEST OCEAN AVENUE BOYNTON BEACH, FL 33435				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04		
TITLE	P	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	SNYDER, DAVID L		NAME		
STREET ADDRESS	211 WEST OCEAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP		
TITLE	V	☒ Delete		TITLE	☒ Change ☒ Addition
NAME	SNYDER, JUSTIN T		NAME	DEREMER, DEVON D.	
STREET ADDRESS	207 W. OCEAN AVE		STREET ADDRESS	6867 HATTERAS DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	SEC	☒ Delete		TITLE	☒ Change ☐ Addition
NAME	SEIBERT, ANDREW P		NAME	MOSS, GREGG M.	
STREET ADDRESS	5428 PALM RIDGE BLVD.		STREET ADDRESS	5414 WELLCRAFT DR.	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	TR	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	SNYDER, MARY J		NAME		
STREET ADDRESS	211 W. OCEAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 a power of attorney.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/12/2005 561-737-1652 Date Signature Phone #		