


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000087264</b> 1. Entity Name REVERI SNIDER INC.	
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Principal Place of Business 401 N.E. 23RD AVE. GAINESVILLE, FL 32609 US	Mailing Address 521 NE 6TH STREET GAINESVILLE, FL 32601
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**DO NOT WRITE IN THIS SPACE**

04232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3282681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SNIDER, LAUREN R 521 NE 6TH STREET GAINESVILLE, FL 32601
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNIDER, LAUREN R 521 NE 6TH STREET GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNIDER, PAUL W 521 NE 6TH STREET GAINESVILLE, FL 32601
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04/27/05-80030-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lauren Reveni Snider LAUREN R SNIDER 4/24/05 352-372-5889  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #