2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 07, 2005 08:00 AM Secretary of State DOCUMENT # P95000063357 HOWIE SNYDER CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 750 BRIAR LANE SOUTH DAYTONA FL 32119 750 BRIAR LANE SOUTH DAYTONA FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3330311 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SNYDER, HOWIE Street Address (P.O. Box Number is Not Acceptable) 750 BRIAR LANE SOUTH DAYTONA FL 32119 Zip Code 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. 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition HILE ☐ Delete Thirs U00000253237 03/07/05-80022-018 150.00 SNYDER, HOWARD E JR NAME NAME STREET ADDRESS STREET ADDRESS 750 BRIAR LANE SOUTH DAYTONA FL 32119 CITY-ST-ZIP CITY-ST-3IP ☐ Change 7444.6 Addition | TITLE Delete SNYDER, JENNIFER L MAME STREET ADDRESS 750 BRIAR LANE STREET ADDRESS CITY-ST-ZIP SOUTH DAYTONA FL 32119 CITY-ST-ZIP DILLE ☐ Change Addition HITE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TriLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY.SI-ZIP CITY-ST-ZIP Change Addition Delete DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Crity-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 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 cath; 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

MARCH 01, 2005 286-299-4/37