2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# P96000007832

Entity Name: SNELGROVE ENTERPRISES INC.

Current Principal Place of Business:

210 NW FIRST AVE.
HIGH SPRINGS, FL 32643

New Principal Place of Business:

525 NE SANTA FE BLVD
HIGH SPRINGS, FL 32643

Current Mailing Address:

14557 NW US HWY 441
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 59-3353427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNELGROVE, DIANA
14557 NW US HWY 441
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: SNELGROVE, WAYNE
Address: 14557 NW US HWY 441
City-St-Zip: ALACHUA, FL 32615

Title: PD ( ) Delete
Name: SNELGROVE, DIANA H
Address: 14557 NW US HWY 441
City-St-Zip: ALACHUA, FL 32615

Title: SD ( ) Delete
Name: PAYNE, AMANDA S
Address: 12610 NW 214TH TERR
City-St-Zip: HIGH SPRINGS, FL 32643

Title: T (X) Delete
Name: DARBY, DEIDRE S
Address: 2385 MCFARLANE AVE
City-St-Zip: LAKE CITY, FL 32025

Title: D (X) Delete
Name: MOORE, CHARLENE S
Address: 196 FOX RUN CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: SNELGROVE, WAYNE
Address: 14557 NW US HWY 441
City-St-Zip: ALACHUA, FL 32615

Title: P (X) Change ( ) Addition
Name: SNELGROVE, DIANA H
Address: 14557 NW US HWY 441
City-St-Zip: ALACHUA, FL 32615

Title: S (X) Change ( ) Addition
Name: PAYNE, AMANDA S
Address: 14557 NW US HWY 441
City-St-Zip: ALACHUA, FL 32615

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA SNELGROVE P 01/23/2007

Electronic Signature of Signing Officer or Director — Date