

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000007840

FILED
Apr 12, 2004
Secretary of State

Entity Name: SNELGROVE ELECTRONICS INC.

Current Principal Place of Business:

12818 MLK BLVD
ALACHUA, FL 32615

New Principal Place of Business:

14557 NW US HWY 441
ALACHUA, FL 32615

Current Mailing Address:

P.O. BOX 1513
HIGH SPRINGS, FL 32655

New Mailing Address:

FEI Number: 59-3353421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNELGROVE, DIANA H
210 NW 1ST AVE
HIGH SPRINGS, FL 32643 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: PD () Delete
Name: SNELGROVE, WAYNE
Address: 210 NW FIRST AVE.
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VD () Delete
Name: SNELGROVE, DIANA H
Address: 210 NW FIRST AVE.
City-St-Zip: HIGH SPRINGS, FL 32643

Title: SD () Delete
Name: PAYNE, AMANDA S
Address: 120 NW 2ND STREET
City-St-Zip: HIGH SPRINGS, FL 32643

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: AMANDA PAYNE

SD

04/12/2004

Electronic Signature of Signing Officer or Director

Date