

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000007840

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: SNELGROVE ELECTRONICS INC.

## Current Principal Place of Business:

14557 NW US HWY 441  
ALACHUA, FL 32615

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1513  
HIGH SPRINGS, FL 32655

## New Mailing Address:

14557 NW US HWY 441  
ALACHUA, FL 32615

FEI Number: 59-3353421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

01/06/2005

Electronic Signature of Signing Officer or Director

Date