2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000068464

1. Entity Name
SIR SNACKS-A-LOT, INC.

Principal Place of Business	Mailing Address
267 VILLA VERDE ROAD SAINT AUGUSTINE, FL 32080 US	267 VILLA VERDE ROAD SAINT AUGUSTINE, FL 32080 US

DO NOT WRITE IN THIS SPACE

03132006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3396443	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JENNINGS, PATRICIA
267 VILLA VERDE ROAD
SAINT AUGUSTINE, FL 32080

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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, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000470490 03/28/06-80015-013 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	JENNINGS, PATRICIA
STREET ADDRESS	267 VILLA VERDE ROAD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080

TITLE	D
NAME	JENNINGS, STANLEY
STREET ADDRESS	267 VILLA VERDE ROAD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Patricia Jennings* PATRICIA JENNINGS 3/14/06 904 461-1513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #