2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000002542

1. Entity Name
SNIPPLES, INC.

50037380

Principal Place of Business	Mailing Address
4856 TRAWLER CT JACKSONVILLE, FL 32225 US	PO BOX 16952 JACKSONVILLE, FL 32245-6952 US

04132005   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #. etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number
59-3422344
Applied For
Not Applicable

Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
HOLTHOUSE, NANCY F 4856 TRAWLER COURT JACKSONVILLE, FL 32225	Name Salano, Nancy F Street Address (P.O. Box Number is Not Acceptable) 4856 Trawler Court City Jacksonville FL Zip Code 32225

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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS | **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D NAME SALANO, NANCY F STREET ADDRESS 4856 TRAWLER CT CITY-ST-ZIP JACKSONVILLE, FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: _Nancy Salano_   4.14.05   904-306-0420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #