2004 FOR PROFIT CORPORATION ANNUAL REPORT

LANA TO SNYDER

FILED Apr 26, 2004 8:00 am Secretary of State

1. Entity Name	e	# P98000012 ITED, INC.			04-26-2004 90546 006 ***150.00					
Principal Place 230 S. INDUS UNIT #7 ORANGE CITY	STRIAL DR.		53		. [[] []			A	(11 1 5	
2. Principal Pl 380 . Suite, Apt.	S Spri	ing Garden	3. Mailing Address 320 S Spring Garden Suite, Apt. #, etc.			04022004	Chg-P		34 (10/03)	
City & State DeLand, FL			City & State DeLand, FL			4. FEI Number 59-349	er		 	plied For t Applicable
		Country US	^{Zip} 32 7 2 0	S Countr		5. Certificate	of Status Desired		\$8.75 Addi Fee Required	
	6. Name	and Address of Current	Name -	7. Name and Address of New Registered Agent						
SNYDER-BERRY 230 S. INDUSTRIAL DR. Name Snycet Address (F							er is Not Acceptable)		
#7						S Socia	- Garden	B.=	110:4	*6
CIVARGE OTT, TE 02700						3806 Spring Garden Ave Unit F				
The above named entity submits this statement for the purpose of changing its negistered office or registere the obligations of registered agent.							th, in the State of Flo	rida. I am f	amiliar with,	and accept
SIGNATURE_	BERI	RU SNYDE or printed name of registered agent	R Deury Stand the if applicable. (NOTE	Rygistere	Qu – ed Agent signature requ	uired when reinstating)		1/21 DATE	104	·
		FEE IS \$150.00 4 Fee will be \$550.0	9. Election Campai Trust Fund Cont			\$5.00 May Be Added to Fees				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS,	CHANGES TO OFFI	CERS AND	DIRECTORS	5 IN 11
NAME STREET ADDRESS CITY-SI-ZIP		BERRY N AVENUE FL 32720	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	34 SANTI	CE, DOUGLAS W AGO ROAD FL 32713	☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, 771 HELE DELAND,		☐ Delete				, -	,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP			Oclete						Change	Addition
of the cor	rporation or ti	he receiver o r trus tee emp	n this filing does not qualify fo s true and accurate and that r owered to execute this report with all other like empowered	as requ	emption stated in ature shall have t uired by Chapter	n Section 119.07(3) the same legal effe 607, Florida Statuti	(i), Florida Statutes. I of as if made under o es; and that my name	further cer bath; that I a appears in	tify that the ir am an officer n Block 10 or	nformation or director Block 11 if