

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

| | | |
|--|-------------------------|---|
| DOCUMENT # P98000031450 | |  |
| 1. Entity Name SCHNAPPER'S HOTS, INC. | | |
| Principal Place of Business 1528 PERIWINKLE WAY SANIBEL, FL 33957 | | Mailing Address 1528 PERIWINKLE WAY SANIBEL, FL 33957 |
| DO NOT WRITE IN THIS SPACE | | |
| | | 01272006 No Chg-P CR2E034 (11/05) |
| 4. FEI Number 65-0827151 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | |
| CHIARAMONTE, VINCENT J 297 FERRY LANDING DR SANIBEL, FL 33957 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | U00000469861 03/27/06-80018-012 158.75 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE | PD | DO NOT WRITE IN THIS SPACE |
| NAME | CHIARAMONTE, VINCENT J | |
| STREET ADDRESS | 297 FERRY LANDING DRIVE | |
| CITY-ST-ZIP | SANIBEL, FL 33957 | |
| TITLE | STD | |
| NAME | CHIARAMONTE, JOAN C | |
| STREET ADDRESS | 297 FERRY LANDING DRIVE | |
| CITY-ST-ZIP | SANIBEL, FL 33957 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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: <i>Vincent Chiaramonte</i> _____ Vincent Chiaramonte | | <i>3/13/06</i> _____ Date Daytime Phone # |