


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90019 014 \*\*\*150.00

<b>DOCUMENT # P99000023573</b>	
<b>1. Entity Name</b> JESSE SNELLGROVE INC.	

<b>Principal Place of Business</b> 2602 AMHERST CT. BOYNTON BEACH, FL 33436	<b>Mailing Address</b> 2602 AMHERST CT. BOYNTON BEACH, FL 33436
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<b>2. Principal Place of Business</b> 5146 Massy Drive Suite, Apt. #, etc. Lake Worth City & State Fl.	<b>3. Mailing Address</b> 5146 Massy Dr. Suite, Apt. #, etc. Lake Worth City & State Fl.
<b>Zip</b> 33463	<b>Country</b> Palm Bch.



01092004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-0899810	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> SNELLGROVE, JESSE 2602 AMHERST CT. BOYNTON BEACH, FL 33436	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> SNELLGROVE, JESSE 2602 AMHERST CT. BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Jesse Snellgrove **JESSE SNELLGROVE** 2/1/04 516-965-1990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #