

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90065 027 ***150.00

DOCUMENT # P99000069391

1. Entity Name

SNAPPY INSURANCE, INC.



Principal Place of Business

3165 N. MCMULLEN BOOTH RD.
D-1
CLEARWATER FL 33761-2020

Mailing Address

3165 N. MCMULLEN BOOTH RD.
D-1
CLEARWATER FL 33761-2020

2. Principal Place of Business

520 E. TARPON AVE.

Suite, Apt. #, etc.

3. Mailing Address

520 E. TARPON AVE.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL.

City & State

TARPON SPRINGS, FL.

4. FEI Number

59-3592112

Applied For

Not Applicable

Zip

34689

Country

PINELLAS

Zip

34689

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATERS, WILLIAM A III
3165 N. MCMULLEN BOOTH RD #D-1
CLEARWATER FL 33761-2020

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MURREY, GREGORY K
STREET ADDRESS 2440 SANDY PLAINS RD BLDG S
CITY-ST-ZIP MARIETTA GA 30066

TITLE D ☐ Delete
NAME WATERS, WILLIAM A III
STREET ADDRESS 3165 N MCMULLEN BOOTH RD #D-1
CITY-ST-ZIP CLEARWATER FL 33761-2020

TITLE T ☐ Delete
NAME MAINI, KEITH H
STREET ADDRESS 2440 SANDY PLAINS RD BLDG 5
CITY-ST-ZIP MARIETTA GA 30066-0140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Keith H. Maini
KEITH H. MAINI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

Date

770 971 9975

Daytime Phone # X106