

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000090811

Entity Name: SNIPES, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1093 A1A BEACH BLVD  
#268  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

1093 A1A BEACH BLVD  
#268  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 59-3601774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SNIPES, ANTHONY T  
1093 A1A BEACH BLVD  
#268  
SAINT AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SNIPES, ANTHONY T  
Address: 1093 A1A BEACH BLVD #268  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: V  
Name: SNIPES, SAMANTHA  
Address: 1093 A1A BEACH BLVD #268  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAMANTHA SNIPES

V

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date