# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2005 8:00 am**
**Secretary of State**
01-14-2005 90007 023 ***150.00

**50002556**

DOCUMENT # 495599

1. Entity Name
FULL SPECTRUM REALTY INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 12000 GULF BLVD.<br>TREASURE ISLAND, FL 33706 | 12000 GULF BLVD.<br>TREASURE ISLAND, FL 33706 |

01112005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8610 BAY PINES BLVD. | 8610 BAY PINES BLVD. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| St. Pete, FL. | City & State: St. Pete, FL. |
| Zip: 33709 Country: USA | Zip: 33709 Country: USA |

4. FEI Number: 59-1710226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SAGLIO, LAWRENCE<br>12000 GULF BLVD.<br>TREASURE ISLAND, FL 33706 | Name: SAGLIO, LAWRENCE<br>Street Address (P.O. Box Number is Not Acceptable): 8610 BAY PINES BLVD.<br>City: St. Petersburg FL Zip Code: 33709 |

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: _____ DATE: 1/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SAGLIO, LAWRENCE<br>12000 GULF BLVD.<br>TREASURE ISLAND, FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TSD<br>SAGLIO, JUDY<br>12000 GULF BLVD.<br>TREASURE ISLAND, FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SAGLIO LAWRENCE<br>8610 BAY PINES Blvd.<br>St. Pete, FL. 33709 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TSD<br>SAGLIO, Judy<br>8610 BAY PINES Blvd<br>St. Pete FL. 33709 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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:** _____ Lawrence Saglio 1/11/05 727 531-7157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #