

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90045 029 \*\*\*150.00

DOCUMENT # F97000005274



1. Entity Name  
 SPOLI, CORP.

Principal Place of Business  
 1157 JOHN ANDERSON DR  
 ORMOND BEACH, FL 32118

Mailing Address  
 1157 JOHN ANDERSON DR  
 ORMOND BEACH, FL 32118

54003472



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3458339

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

OLI, PAMELA  
~~1144 BARBARA DRIVE~~  
 DAYTONA BEACH, FL 32117

Name

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

44 Lions Paw Grand

City

FL

Zip Code

32124

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**

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 P  Delete  
 NAME OLI, PAMELA  
 STREET ADDRESS 1144 BARBARA DRIVE  
 CITY-ST-ZIP DAYTONA BEACH, FL 32117

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 44 Lions Paw Grand  
 CITY-ST-ZIP Daytona Beach, FL 32124

TITLE V  Delete  
 NAME OLI, SAMPSON DR  
 STREET ADDRESS 1144 BARBARA DRIVE  
 CITY-ST-ZIP DAYTONA BEACH, FL 32117

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 44 Lions Paw Grand  
 CITY-ST-ZIP Daytona Bch., FL 32124

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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:

*Pamela OLI*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04  
 Date

(386) 441 6045  
 Daytime Phone #