

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90115 049 ***150.00

DOCUMENT # P00000026811 1. Entity Name SPOLI INVESTMENTS, INC.					
Principal Place of Business 1220 JIMMY ANN DR. DAYTONA BEACH, FL 32117			Mailing Address 1220 JIMMY ANN DR. DAYTONA BEACH, FL 32117		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3630728	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent OLI, PAMELA 1220 JIMMY ANN DR. DAYTONA BEACH, FL 32117			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)					
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		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLI, PAMELA 1144 BARBARA DRIVE DAYTONA BEACH, FL 32117	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLI, SAMPSON 1144 BARBARA DRIVE DAYTONA BEACH, FL 32117	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVY, UMAH 1220 JIMMY ANN DRIVE DAYTONA BEACH, FL 32117	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLI, PRINCE 1144 BARBARA DRIVE DAYTONA BEACH, FL 32117	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASIEGBU, JULIET 1144 BARBARA DRIVE DAYTONA BEACH, FL 32117	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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: <i>Paul G. O'Sullivan</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/28/05					
Daytime Phone #					