

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91251 014 \*\*\*150.00

DOCUMENT # P00000044003



1. Entity Name  
SPIDERWORKS, INC.

Principal Place of Business  
2036 SPRINT BLVD.  
SUITE 10  
APOPKA, FL 32703

Mailing Address  
C/O SOUTH BROWARD ACCOUNTING SERVICE  
1152 N UNIVERSITY DR STE 202  
PEMBROKE PINES, FL 33024

04000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03182004 Chg-P CR2E034 (10/03)

4. FEI Number

65-1095049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JOHN E  
11005 WHITEHAWK ST.  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name **M.K. SUMMITT, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**475 N.E. 50th Terrace**

City **Miami**

FL

Zip Code  
**33137**

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

*M.K. Summitt, Esq.*

*3/18/04*

**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

|                |                      |                                            |
|----------------|----------------------|--------------------------------------------|
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | MILLER, JOHN E       |                                            |
| STREET ADDRESS | 11005 WHITEHAWK ST.  |                                            |
| CITY-ST-ZIP    | PLANTATION, FL 33324 |                                            |
| TITLE          | PD                   | <input type="checkbox"/> Delete            |
| NAME           | PROFFITT, SHAWN R    |                                            |
| STREET ADDRESS | 609 BROOKFIELD PLACE |                                            |
| CITY-ST-ZIP    | APOPKA, FL 32712     |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Shawn R. Proffitt*  
Date *4/15/04*

Daytime Phone #