## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P03000099765



**FILED** Mar 06, 2006 8:00 am Secretary of State 03-06-2006 90027 050 \*\*\*150.00

1. Entity Nam SPECTRU INC.		CONDITIONING 8	REFRIGERATIO	ON,						
Principal Plac	e of Busines	S	Mailing Address		<u> </u>	40,	. <del></del>			
8279 PENNY DRIVE N. FT. MYERS, FL 33917		P.O. BOX 1665 FT MYERS, FL 33902			, ,					
Principal Place of Business     3. Mailing										
Cuito Ana A ata										111.541 (7.164)
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01242006	Chg-P	CR2E	034 (11/05)	
City & State			City & State			4. FEI Number 83-037				pplied For ot Applicable
Zip	Zip Country		Zip	Country		5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Curren	t Registered Agent			7. Name and	Address of New R	egistered	Agent	
PAYNE, STACEY E					Name					
8279 PENNY DRIVE N. FT. MYERS, FL 33917					Street Address	(P.O. Box Numb	er is Not Acceptable	9)		
	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
٠.					City			FL	Zip Coo	de
8. The above the obligat	named entit ions of regis	ty submits this statement t tered agent.	or the purpose of chang	ing its register	ed office or registe	ered agent, or bo	th, in the State of Flo	orida. I am	familiar with	, and accept
SIGNATURE	Ciarra a tara	d or printed name of registered ager	st and title if applies bla	ANOTE: Parintera	d Agent signature require	d when reinstations		DATE		
	Signature, typed	To printed narile or registered ager	it and title if applicable.	(NOTE negistere	o Agent algulatore require	C Milen remstating)		D/114		
			*							
		FEE IS \$150.00 6 Fee will be \$550		Campaign Finar d Contribution.		.00 May Be ded to Fees				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of 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 all other like empowered.