

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000026811

1. Entity Name
SPOLI INVESTMENTS, INC.



FILED
Mar 26, 2008 08:00 AM
Secretary of State

Principal Place of Business
44 LIONS PAW GRAND
DAYTONA BEACH, FL 32124

Mailing Address
44 LIONS PAW GRAND
DAYTONA BEACH, FL 32124



02102008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3630728

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OLI, PAMELA
44 LIONS PAW GRAND
DAYTONA BEACH, FL 32124

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000871409

04/03/08-20127-016-150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
OLI, PAMELA
44 LIONS PAW GRAND
DAYTONA BEACH, FL 32124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
OLI, SAMPSON
44 LIONS PAW GRAND
DAYTONA BEACH, FL 32124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
OLI, PRINCE
1144 BARBARA DRIVE
DAYTONA BEACH, FL 32117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ASIEGBU, JULIET
1144 BARBARA DRIVE
DAYTONA BEACH, FL 32117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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

Date

Daytime Phone #

3/15/08