

**FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# P12000086310

**Entity Name:** SPARTAN 12 INC

**Secretary of State  
CC6089820035**

**Current Principal Place of Business:**

2101 W MAIN STREET  
LEESBURG, FL 34748

**Current Mailing Address:**

PO BOX 2259  
BELLEVIEW, FL 34421

**FEI Number: 46-1202699**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

OBEROI, MANIKARAN S  
1216 HORSEMINT LANE  
WESLEY CHAPEL, FL 33543 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            P  
Name            OBEROI, MANIKARAN S  
Address        PO BOX 2259  
City-State-Zip: BELLEVIEW FL 34421

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date