


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90015 006 ***150.00

DOCUMENT # 340799 1. Entity Name SPEARS CORP.																																																																																																																																			
Principal Place of Business 1098 NORTH MILITARY TRAIL W. PALM BEACH, FL 33409			Mailing Address 1098 NORTH MILITARY TRAIL W. PALM BEACH, FL 33409																																																																																																																																
2. Principal Place of Business Suite, Apt. #, etc. 7 River Oak Drive			3. Mailing Address Suite, Apt. #, etc. 7 River Oak Drive																																																																																																																																
City & State Sebastian, FL			City & State Sebastian, FL																																																																																																																																
Zip -32958		Country USA		4. FEI Number 59-1229812																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent SPEARS, JANET 7804 150 CT N PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Spears, Janet Street Address (P.O. Box Number is Not Acceptable) 7 River Oak Drive City Sebastian FL Zip Code 32958																																																																																																																																
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 <u><i>Janet Spears DPST</i></u> DATE <u>4-5-04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">DPST</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">DPST</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SPEARS, JANET</td> <td></td> <td>NAME</td> <td>Spears, Janet</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7804 150 CT N</td> <td></td> <td>STREET ADDRESS</td> <td>7 River Oak Drive</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PALM BEACH GARDENS, FL 33418</td> <td></td> <td>CITY - ST - ZIP</td> <td>Sebastian, FL 32958</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SPEARS, GARY</td> <td></td> <td>NAME</td> <td>Spears, Gary</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>967 BATBERRY DR</td> <td></td> <td>STREET ADDRESS</td> <td>967 Bayberry Lane</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ROCKLEDGE, FL 32955</td> <td></td> <td>CITY - ST - ZIP</td> <td>Rockledge, FL 32955</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	DPST	<input checked="" type="checkbox"/> Delete	TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SPEARS, JANET		NAME	Spears, Janet		STREET ADDRESS	7804 150 CT N		STREET ADDRESS	7 River Oak Drive		CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		CITY - ST - ZIP	Sebastian, FL 32958		TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SPEARS, GARY		NAME	Spears, Gary		STREET ADDRESS	967 BATBERRY DR		STREET ADDRESS	967 Bayberry Lane		CITY - ST - ZIP	ROCKLEDGE, FL 32955		CITY - ST - ZIP	Rockledge, FL 32955		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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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: <u><i>Janet Spears DPST</i></u> DATE <u>4-5-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			

JANET SPEARS

772-589-7458