

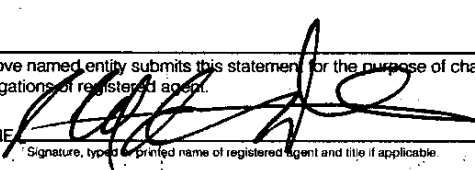
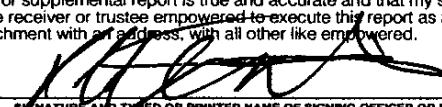


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90008 021 ***150.00

DOCUMENT # 445044 1. Entity Name SPARTAN DEVELOPMENT GROUP, INC.					
Principal Place of Business 9301 OLD KINGS RD. S. JACKSONVILLE, FL 32257			Mailing Address 9301 OLD KINGS RD. S. JACKSONVILLE, FL 32257		
2. Principal Place of Business 9310 Old King Rd S. Suite, Apt. #, etc. Suite 1902		3. Mailing Address 9310 Old King Rd S. Suite, Apt. #, etc. Suite 1902		<div style="font-size: 24px; font-weight: bold; transform: rotate(-15deg);">40021300</div> 	
City & State Tacksonville, FL		City & State Tacksonville, FL		4. FEI Number 59-1502011	
Zip 32257		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOSTIE, RICHARD R 9301 OLD KINGS RD S JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Dostie, Richard R Street Address (P.O. Box Number is Not Acceptable) 9310 Old Kings Road S Suite 1902 City Tacksonville FL Zip Code 32257	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete DOSTIE, RICHARD R 9301 OLD KINGS RD.S. JACKSONVILLE, FL 32257	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9310 Old King Rd S, Suite 1902 Tacksonville, FL 32257		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete DOSTIE, VIRGINIA M 9301 OLD KINGS RD. S. JACKSONVILLE, FL 32257	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9310 Old King Rd S, Suite 1902 Tacksonville, FL 32257		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	VPS <input type="checkbox"/> Delete DOSHE, CHRISTOPHER C 9301 OLD KINGS RD S JACKSONVILLE, FL 32257	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPS DOSTIE, CHRISTOPHER C. 9310 Old King Rd S, Suite 1902 Tacksonville, FL 32257		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete DOSTIE, RICHARD JR. 9301 OLD KINGS RD S. JACKSONVILLE, FL 32257	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9310 Old King Road S, Suite 1902 Tacksonville, FL 32257		
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			
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					