
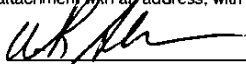


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90013 036 ****61.25

DOCUMENT # 728988 1. Entity Name SPECTRE ASSOCIATION, INC.					
Principal Place of Business SPECTRE ASSOCIATION BOX 707 MARY ESTHER, FL 32569-0707 US			Mailing Address 2600 N. WINDSOR LN. FORT WALTON BEACH, FL 32547-6841 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0788761	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALLEN, WILLIAM R 2600 N. WINDSOR LN. FORT WALTON BEACH, FL 32547				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAFFER, TIMOTHY A		NAME		
STREET ADDRESS	654 MERIONETH DR		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSENS, BRENT		NAME		
STREET ADDRESS	409 NW HOLMES BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, WILLIAM R		NAME		
STREET ADDRESS	2600 N. WINDSOR LN.		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUDETTE, GLENN		NAME		
STREET ADDRESS	350 DAWN LANE		STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PEARSON, ANGELO		NAME	Mike SKERRETT	
STREET ADDRESS	2088 JESSICA WAY		STREET ADDRESS	188 BEAL PKWY N.W	
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOSER, JEFF		NAME	JERRY APPLEBY	
STREET ADDRESS	69 OLDE CYPRESS CIR NW		STREET ADDRESS	65 N.E. LAUREL DR.	
CITY-ST-ZIP	FORT WALTON BEACH, FL 325484637		CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	
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 617, 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:  WILLIAM R. ALLEN			Date: 1/4/05 Daytime Phone #: 850-865-1207		