2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F01000006395

1. Entity Name
SPRAYBOTTLES, INC.

FILED
05 NOV -7 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11032005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1617 13TH ST ST CLOUD, FL 34769 US	1617 13TH STREET ST CLOUD, FL 34769

2. Principal Place of Business	3. Mailing Address
PO BOX 700887	PO BOX 700887
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST CLOUD	City & State: FL.
Zip: 34770 Country: USA	Zip: 34770 Country: USA

4. FEI Number: 52-2062893 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIGATUSO, S 1617 13TH ST ST CLOUD, FL 34769	Name: BOB RIGATUSO Street Address (P.O. Box Number is Not Acceptable): 3100 S. INDIANA AVE. City: ST. CLOUD FL Zip Code: 34769

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: _____ (PRES) + REG AGENT 11-3-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD RIGATUSO, SALVATORE 2041 HERMITAGE HILLS DR. GAMBRILLS, MD	☑ Delete	BOB RIGATUSO 3100 S. INDIANA AVE ST CLOUD FL 34769	☑ Change ☐ Addition PRES.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RIGATUSO, DIANA T 3100 S. INDIANA AVE. ST. CLOUD, FL 34769	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	10/27/05--01022--002 **70.00	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ SANTO "BOB" RIGATUSO 11-3-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

407-891-8869
Daytime Phone #