


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000000772
 1. Entity Name
SPERO BENEFITS, INC.



Principal Place of Business Mailing Address
6621 SOUTHPOINT DRIVE., N #325 **6621 SOUTHPOINT DRIVE., N #325**
JACKSONVILLE, FL 32216 **JACKSONVILLE, FL 32216**

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3742336 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WILBUR, JOHN H
4161 CARMIEHAD AVE
BLDG 3300 STE 152
JACKSONVILLE, FL 32207

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VASILEFF, SUSAN E 6621 SOUTHPOINT DRIVE N #325 JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WILBUR JR, JOHN H 6621 SOUTHPOINT DRIVE N #325 JACKSONVILLE, FL |
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 01/21/05-80026-006 150.00

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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: *Susan E. Vasileff* **Susan E. Vasileff** 1/14/05 904-281-9252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #