

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000002059

1. Entity Name
SPECTRUM INDUSTRIES, INCORPORATED



Principal Place of Business
**1600 JOHNSON ST.
CHIPPEWA FALLS, WI 54729**

Mailing Address
**PO BOX 400
CHIPPEWA FALLS, WI 54729**

DO NOT WRITE IN THIS SPACE



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number **39-1094074** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEVENS, RICHARD
5453 SE MILES GRANT CT., C102
STUART, FL 34997**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

000000490759
04/18/06-80066-016 158.75

TITLE	P
NAME	HANCOCK, DAVID
STREET ADDRESS	7574 185TH ST.
CITY-ST-ZIP	CHIPPEWA FALLS, WI 54729
TITLE	V
NAME	WHITE, DEAN
STREET ADDRESS	18051 CITY HWY. 00
CITY-ST-ZIP	CHIPPEWA FALLS, WI 54729
TITLE	S
NAME	MOWER, EUGENE
STREET ADDRESS	7692 178TH ST.
CITY-ST-ZIP	CHIPPEWA FALLS, WI 54729
TITLE	T
NAME	SEE, DAVID
STREET ADDRESS	4215 112TH ST.
CITY-ST-ZIP	CHIPPEWA FALLS, WI 54729
TITLE	D
NAME	JOSA, GERALD
STREET ADDRESS	522 FAIRFIELD CT.
CITY-ST-ZIP	CHIPPEWA FALLS, WI 54729
TITLE	D
NAME	REINBACHER, GEORGE
STREET ADDRESS	2134 WALNUT RIDGE DR.
CITY-ST-ZIP	EAU CLAIRE, WI 54701

**DO NOT WRITE
IN THIS SPACE**

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: David See, DAVID SEE, TREASURER 3-22-06 7157382805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #