

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002059

FILED
Apr 24, 2008
Secretary of State

Entity Name: SPECTRUM INDUSTRIES, INCORPORATED

Current Principal Place of Business:

1600 JOHNSON ST.
CHIPPEWA FALLS, WI 54729

New Principal Place of Business:

Current Mailing Address:

PO BOX 400
CHIPPEWA FALLS, WI 54729

New Mailing Address:

FEI Number: 39-1094074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANCOCK, DAVID
Address: 7574 185TH ST.
City-St-Zip: CHIPPEWA FALLS, WI 54729

Title: V () Delete
Name: WHITE, DEAN
Address: 18051 CITY HWY. OO
City-St-Zip: CHIPPEWA FALLS, WI 54729

Title: S () Delete
Name: MOWER, EUGENE
Address: 7692 178TH ST.
City-St-Zip: CHIPPEWA FALLS, WI 54729

Title: T () Delete
Name: SEE, DAVID
Address: 4215 112TH ST.
City-St-Zip: CHIPPEWA FALLS, WI 54729

Title: D () Delete
Name: JOSA, GERALD
Address: 522 FAIRFIELD CT.
City-St-Zip: CHIPPEWA FALLS, WI 54729

Title: D () Delete
Name: REINBACHER, GEORGE
Address: 2134 WALNUT RIDGE DR.
City-St-Zip: EAU CLAIRE, WI 54701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SEE

T

04/24/2008

Electronic Signature of Signing Officer or Director

Date