

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90015 021 ***150.00

DOCUMENT # F03000003405 1. Entity Name (F001) SPAR MARKETING SERVICES, INC.																																																																																																															
Principal Place of Business 108-D PALM POINT CIRCLE PALM BEACH GARDENS, FL 33418		Mailing Address 108-D PALM POINT CIRCLE PALM BEACH GARDENS, FL 33418																																																																																																													
2. Principal Place of Business 711 Military Trail North Suite, Apt. #, etc. Suite 1000 City & State Palm Beach Garden, FL Zip 33410 Country USA		3. Mailing Address 711 Military Trail North Suite, Apt. #, etc. Suite 1000 City & State Palm Beach Garden, FL Zip 33410 Country USA																																																																																																													
4. FEI Number 13-3257868		Applied For ☐ Not Applicable																																																																																																													
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																													
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 re-registering)																																																																																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PCD</td> <td style="width: 15%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BROWN, ROBERT G.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>580 WHITE PLAINS ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TARRYTOWN, FL 10591</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VSTD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BARTELS, WILLIAM H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>580 WHITE PLAINS ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TARRYTOWN, FL 10591</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PCD	☐ Delete	NAME	BROWN, ROBERT G.		STREET ADDRESS	580 WHITE PLAINS ROAD		CITY-ST-ZIP	TARRYTOWN, FL 10591		TITLE	VSTD	☐ Delete	NAME	BARTELS, WILLIAM H		STREET ADDRESS	580 WHITE PLAINS ROAD		CITY-ST-ZIP	TARRYTOWN, FL 10591		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">108-D Palm Point Circle</td> <td style="width: 15%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Palm Beach Gardens, FL 33418</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	108-D Palm Point Circle	☒ Change ☐ Addition	NAME			STREET ADDRESS	Palm Beach Gardens, FL 33418		CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Robert S. Brown</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/9/04 Date																																																																																																													