


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90033 017 ***150.00

DOCUMENT # F04000001699 1. Entity Name SPIRITWALK, INC.					
Principal Place of Business 2526 LOGSDON ST. NORTHPORT, FL 34287			Mailing Address 9285 ST. PAUL DR. PORT CHARLOTTE, FL 33981		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2526 LOGSDON ST. Suite, Apt. #, etc.			
City & State Zip		City & State NORTH PORT, FL Zip 34287		Country USA	
4. FEI Number 34-1780517				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01112005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ROTUNDO, KATHY 9285 ST. PAUL DR. PORT CHARLOTTE, FL 33981			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2526 LOGSDON ST. City NORTH PORT FL 34287		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST ROTUNDO, KATHY 9285 ST. PAUL DR. PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2526 LOGSDON ST. NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kathy Rotundo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-13-05 <small>Date</small>		
941-429-6050 <small>Daytime Phone #</small>					