

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 18, 2005 08:00 AM  
Secretary of State

DOCUMENT # F49051

1. Entity Name  
SPECTRUM SYSTEMS, INC.



Principal Place of Business  
3410 W. NINE MILE ROAD  
%H. GORDON JONES, JR.  
PENSACOLA, FL 32526-4808

Mailing Address  
3410 W. NINE MILE ROAD  
%H. GORDON JONES, JR.  
PENSACOLA, FL 32526-4808



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2139386

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JONES, H. GORDON, JR.  
4210 LYDA NORA DRIVE  
PENSACOLA, FL 32533

**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 reinstating)

DATE

**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 PD  
NAME JONES H GORDON JR  
STREET ADDRESS 4210 LYNN ORA  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE VGM  
NAME DAVIS, REGINALD A  
STREET ADDRESS 3336 VILLAGE GREEN DR  
CITY-ST-ZIP PACE, FL 32571

TITLE T  
NAME BENTON, JANET M  
STREET ADDRESS 3918 WILEY PENTON RD  
CITY-ST-ZIP PACE, FL 32571

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000183797  
01/20/05-80003-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Janet M Benton JANET M Benton 1/14/05 850-944-3392  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #