

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90085 018 ***158.75

DOCUMENT # F93000004266

1. Entity Name
SPINAP, INC.



Principal Place of Business

**7701 DAVIS BLVD
NAPLES, FL 33942 US**

Mailing Address

**2542 WILLIAMS BOULEVARD
ATTN: LEGAL DEPARTMENT
KENNER, LA 70062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142005

Chg-P

CR2E034 (10/03)

4. FEI Number

72-1249720

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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

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	<input type="checkbox"/> Delete
NAME	LASSEN, SIDNEY W	
STREET ADDRESS	2542 WILLIAMS BLVD.	
CITY-ST-ZIP	KENNER, LA 70062	

TITLE	VS	<input type="checkbox"/> Delete
NAME	THOMAS, MASILLA A J	
STREET ADDRESS	2542 WILLIAMS BLVD	
CITY-ST-ZIP	KENNER, LA	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MILLER, CHARLES E JR.	
STREET ADDRESS	2542 WILLIAMS BLVD	
CITY-ST-ZIP	KENNER, LA 70062	

TITLE	VAS	<input type="checkbox"/> Delete
NAME	BRODIE, JAMES W	
STREET ADDRESS	2542 WILLIAMS BLVD.	
CITY-ST-ZIP	KENNER, LA 70062	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERAMIE, GUY M	
STREET ADDRESS	2542 WILLIAMS BLVD.	
CITY-ST-ZIP	KENNER, LA 70062	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 the empowered.

SIGNATURE:

Thomas A. Masilla, Jr.

Thomas A. MASILLA, JR.

1/18/05

504/471-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #