



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90112 011 ***150.00

DOCUMENT # F97000006594					
1. Entity Name SPAS, INC.				<div style="font-size: 24pt; font-weight: bold;">60002916</div> 	
Principal Place of Business 9625 OVERSEAS HWY MARATHON, FL 33050		Mailing Address 9625 OVERSEAS HWY MARATHON, FL 33050			
2. Principal Place of Business - No P.O. Box # 9589 OVERSEAS HWY		3. Mailing Address 9589 OVERSEAS HWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MARATHON, FL		City & State MARATHON, FL		4. FEI Number 23-2873023	
Zip 33050		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOWDELL, THOMAS J III 11300 OVERSEAS HWY. MARATHON, FL 33050				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 PDC NAME FAMALETTE, ANTHONY STREET ADDRESS 9625 OVERSEAS HWY CITY - ST - ZIP MARATHON, FL 33050	<input checked="" type="checkbox"/> Delete		TITLE PDC NAME LUPPENS, DENNIS STREET ADDRESS 9589 OVERSEAS HWY CITY - ST - ZIP MARATHON, FL 33050	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SDC NAME FAMALETTE, HILDA STREET ADDRESS 9625 OVERSEAS HWY CITY - ST - ZIP MARATHON, FL 33050	<input checked="" type="checkbox"/> Delete		TITLE SDC NAME LUPPENS, DIANE STREET ADDRESS 9589 OVERSEAS HWY CITY - ST - ZIP MARATHON, FL 33050	<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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Diane Luppens</u> DIANE LUPPENS (SEC) <u>1/9/07</u> <u>305-743-4973</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					