

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90043 017 ***150.00

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1. Entity Name

SPARTUS CORP.



Principal Place of Business

C/O PROCTOR, CROOK & CROWDER PA
33 FLAGLER AVENUE
STUART FL 34994
US

Mailing Address

C/O PROCTOR, CROOK & CROWDER PA
33 FLAGLER AVENUE
STUART FL 34994
US

2. Principal Place of Business

2103 ALEXIS COURT

Suite, Apt. #, etc.

3. Mailing Address

2103 ALEXIS COURT

Suite, Apt. #, etc.

City & State

TARPON SPRING, FL

City & State

TARPON SPRINGS, FL

Zip

34689

Country

PINELLAS

Zip

34689

Country

PINELLAS



MOORE

CR2E034 (11/03)

4. FEI Number

51-0336273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAX, RONALD G
C/O PROCTOR, CROOK, & CROWDER, PA
33 FLAGLER AVENUE
STUART FL 34994

7. Name and Address of New Registered Agent

Name
RONALD G. LAX

Street Address (P.O. Box Number is Not Acceptable)
2103 ALEXIS COURT

City
TARPON SPRINGS FL Zip Code
34689

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete
NAME LAX, RONALD G
STREET ADDRESS 33 FLAGLER AVENUE
CITY-ST-ZIP STUART FL 34994

TITLE D ☒ Delete
NAME THISTLE, PAMELA
STREET ADDRESS 154 ALTURA VISTA
CITY-ST-ZIP LOS GATOS CA 95032

TITLE D ☒ Delete
NAME LAX, DOUGLAS
STREET ADDRESS 1226 OUTRIGGER DRIVE
CITY-ST-ZIP CORONA DEL MAR CA 92625

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

TITLE 2103 ALEXIS COURT ☒ Change ☐ Addition
NAME
STREET ADDRESS TARPON SPRING, FL 34689
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Kathryn M. Lax
STREET ADDRESS 2103 Alexis Court
CITY-ST-ZIP Tarpon Springs, FL 34689

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

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: *Ronald G Lax* **RONALD G. LAX** 3.27.04 727 943-0169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #