

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90025 044 \*\*\*150.00

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02032005 Chg-P CR2E034 (10/03)

DOCUMENT # F97000006663			
1. Entity Name SPARTUS CORP.			
Principal Place of Business 2103 ALEXIS COURT TARPON SPRINGS, FL 34689 US		Mailing Address 2103 ALEXIS COURT 33 FLAGLER AVENUE TARPON SPRINGS, FL 34689 US	
2. Principal Place of Business 33 FLAGLER AVENUE Suite, Apt. #, etc.		3. Mailing Address 33 FLAGLER AVENUE Suite, Apt. #, etc.	
City & State STUART FL		City & State STUART FL	
Zip 34994	Country US	Zip 34994	Country US
4. FEI Number 51-0336273		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAX, RONALD G 2103 ALEXIS COURT TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 33 FLAGLER AVENUE City STUART FL Zip Code 34994	
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 reappointing) 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	PST LAX, RONALD G 2103 ALEXIS COURT TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33 FLAGLER AVENUE STUART FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAX, KAHTRYN M 2103 ALEXIS COURT TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33 FLAGLER AVENUE STUART FL 34994
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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
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 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: <u>Ronald G Lax</u>		02/08/05 727 943-0169	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	