


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90316 025 ***158.75

DOCUMENT # G03833		
1. Entity Name SPECTRUM SCIENCES & SOFTWARE, INC.		

Principal Place of Business 91 HILL AVE FORT WALTON BEACH, FL 32548 US	Mailing Address PO BOX 8 MARY ESTHER, FL 32569-0008 US
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt., etc.		Suite, Apt., etc.	
City & State		City & State	
Zip	Country	Zip	Country



04232004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent MYRICK, DONAL R 511 CIRCLE DRIVE FT WALTON BEACH, FL		7. Name and Address of New Registered Agent Name WILLIAM H. HAM Street Address (P.O. Box Number is Not Acceptable) 103 TERESA COURT City NICEVILLE FL Zip Code 32578	
---	--	--	--

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 William H Ham DATE Apr 23, 2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD MYRICK, DONAL R 511 CIRCLE DR FT WALTON, FL 00000, <input checked="" 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	V GARRISON, DONALD 416 TANGLEWOOD DR. FORT WALTON BEACH, FL 32548 <input checked="" 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	V HAM, WILLIAM 103 TERESA CT. NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT/CEO. WILLIAM H. HAM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GONTAREK, NANCY 505 GREENWOOD COVE NICEVILLE, FL 32578 <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: William H Ham William H. Ham President DATE Apr 23, 2004 DAYTIME PHONE # 850 796-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR