


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



07072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2227545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAM, WILLIAM H
103 TERESA CT.
NICEVILLE, FL 32578**

DO NOT WRITE
IN THIS SPACE

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 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO HAM, WILLIAM H 103 TERESA CT. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO GONTAREK, NANCY 505 GREENWOOD COVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

U00000373207
07/18/05-80005-024 158.75

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: Nancy C. Gontarek **Nancy C. Gontarek, CFO** 7/18/05 850-796-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #