## 2005 FOR PROFIT CORPORATION

**FILED** Jan 10, 2005 08:00 AN ate

ANNOAL REPORT			_		0.000		
DOCUMENT # G50696  1. Entity Name SPENC-AIR CORPORATION				Secr	etary of Sta		
Principal Place of Business 1979 10TH AVE N LAKE WORTH, FL 33461 US	Mailing Address 1979 10TH AVE N LAKE WORTH, FL 33461	US		#J 88  16 8  16 8  16 8  4 8  4 8  5	37847 3784 8787 8481784 A		
DO NOT WRITE IN THIS SP		(CE	01072005  4. FEI Number 59-23248		E034 (10/03)  Applied For Not Applicable		
			5. Certificate of		\$8.75 Additional Fee Required		
6. Name and Address of Curr	ent Registered Agent	a y storozanio de servicio	1		Lea Dadniled		
SPENCER, ROBERT 113 GRANDA COURT PALM SPRINGS, FL 33461			IOT WRIT HIS SPAC				
8. The above named entity submits this stateme the obligations of registered agent.  SIGNATURE  Signature, upped or printed name of registered agent.	Conny ROBERT.	ered office or register  SPENDS  ered Agent #gnature required	R	n the State of Florida. I are	n familiar with, and accept		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$55	50.00 Trust Fund Contribution		.00 May Be led to Fees	**************************************			
10. OFFICERS A  TITLE DP  NAME SPENCER, ROBERT M  STREET ADDRESS 113 GRANADA COURT  CITY-SI-ZIP PALM SPRINGS, FL	AND DIRECTORS		ı	therego: 772 NALABASSE	9 4(20 (9),0)		
TILLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IOT WRIT			
TITLE NAME STREET ACCRESS CITY-ST-ZIP			IN TI	HIS SPAC	E		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 cath; 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: .

TILE NAME STREET ADDRESS CITY-ST-ZIP

HAMP ROBBET MI