


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # H18483 1. Entity Name SPRAT PROPERTIES, INC.	
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Principal Place of Business 3440 GULF OF MEXICO DRIVE #12 LONGBOAT KEY, FL 34228	Mailing Address 3440 GULF OF MEXICO DRIVE #12 LONGBOAT KEY, FL 34228
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02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2612707	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 DOLAN, WILLIAM W 3440 GULF OF MEXICO DRIVE #12 LONGBOAT KEY, FL 34228

**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 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	U000000044588 02/11/04-80025-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RATTRAY, GAIL R 3440 GULF OF MEXICO DRIVE, #12 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPARROW, MARION 3440 GULF OF MEXICO DRIVE, #12 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST RATTRAY, M D 3440 GULF OF MEXICO DRIVE, #12 LONGBOAT KEY, FL 34228
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: **M. D. RATTRAY** *M. D. Rattray* **Feb 2/04** **1-204-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **956-0530**