2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # H18483

1. Entity Name
SPRAT PROPERTIES, INC.

Principal Place of Business	Mailing Address
3440 GULF OF MEXICO DRIVE #12 LONGBOAT KEY, FL 34228	3440 GULF OF MEXICO DRIVE #12 LONGBOAT KEY, FL 34228

DO NOT WRITE IN THIS SPACE

01212005 No Chg-P OR2E034 (10/03)

4. FEI Number
59-2612707
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $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

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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 _____ DATE
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10 — OFFICERS AND DIRECTORS

TITLE	DP
NAME	RATTRAY, GAIL R
STREET ADDRESS	3440 GULF OF MEXICO DRIVE, #12
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	D
NAME	SPARROW, MARION
STREET ADDRESS	3440 GULF OF MEXICO DRIVE, #12
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	DVST
NAME	RATTRAY, M D
STREET ADDRESS	3440 GULF OF MEXICO DRIVE, #12
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/05-80102-018 150.00

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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: M. D. RATTRAY JAN 20 05 204-956-0530
SIGNATURE AND TITLE OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #