


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90350 048 ***150.00

DOCUMENT # H26432 1. Entity Name SPANCO, INC.					
Principal Place of Business % FRANCES N. SPANN 1922 HWY 97 SO. CANTONMENT, FL 32533			Mailing Address % FRANCES N. SPANN 1922 HWY 97 SO. CANTONMENT, FL 32533		
2. Principal Place of Business - No P.O. Box # % Joseph H. Spann Suite, Apt. #, etc. 1922 Highway 97, S. City & State Cantonment, FL Zip 32533		3. Mailing Address c/o Joseph H Spann Suite, Apt. #, etc. 1922 Highway 97, S. City & State Cantonment, FL Zip 32533		4. FEI Number 59-2468878 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPANN, FRANCES N. 1922 HWY. 97, SOUTH CANTONMENT, FL 32533			7. Name and Address of New Registered Agent Name Joseph H. Spann Street Address (P.O. Box Number is Not Acceptable) 1922 Highway 97, South City Cantonment FL Zip Code 32533		
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 <u>Joseph H. Spann</u> <u>Joseph H. Spann, President</u> <u>4-25-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D <input type="checkbox"/> Delete SPANN, JOSEPH H. 1922 HWY 97 SOUTH CANTONMENT, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SPANN, FRANCES N. 1922 HWY 97 SOUTH CANTONMENT, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SPANN, CONNIE L 1922 HWY 97 S CANTONMENT, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 exemptions contained in Chapter 119, 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: <u>Joseph H. Spann</u> <u>Joseph H. Spann, President</u> <u>4-25-08</u> <u>(850) 968-6877</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					