2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCU 1. Entity Nam SPANCO						8 90350 048 ***150	
% FRANCES 1922 HWY 9		Mailing Address % FRANCES N. SPANN 1922 HWY 97 SO. CANTONMENT, FL 3253	33		: - //2/4 Birin Birdar (1818	1181 EIRN 8781 EIRN 8180 AWN 611	
% Joseph H. Spann C/		3. Mailing Address C/o Joseph H Spann					
Suite, Apt.	Highway 97,5.	Suite, Apt. #, etc.	2, 97,S.	04262008	Chg-P	CR2E034 (12/06)	
	onment FL	Cantonment		4. FEI Numb 59-246		No	oplied For of Applicable
Zip 32:	S33 Country USA	^{Zip} 32533	Country		of Status Desired	Fee Require	ditional d
<u> </u>	6. Name and Address of Current I	Alama	7. Name and	Address of New	Registered Agent		
SPANN, F	RANCES N.		Name J	oseph	H. SP	ann	
1922 HWY. 97, SOUTH CANTONMENT, FL 32533			Street Addre	ess (P.O. Box Numb	er is Not Acceptal	ble)	
CANTON	MEN1, FL 32333		1922	Highw	ay; :97,	South	• •
			City Ca	intonme	nt	FL ZpS	e ₂ 3
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 South H. South Joseph 14. South President 4-25-08 SIGNATURE Signature, typed or printed Jame of registered agent and title if applicable. (NOTE: Registered Agent signature fequired when reinstating) OATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0			\$5.00 May Be Added to Fees			***************************************
FIL After Ma	ay 1, 2008 Fee will be \$550.0 OFFICERS AND I	Trust Fund Contril		Added to Fees	CHANGES TO OF	FFICERS AND DIRECTOR	S IN 11
After Ma	OFFICERS AND I	Trust Fund Contril	bution. 11. ITILE	Added to Fees	CHANGES TO OF	FFICERS AND DIRECTOR:	S IN 11
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12. I hereby certify that the information supplied with this filling 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: Such H. Spann President 4-25-08 (850)-968-687