

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H26432

Entity Name: SPANCO, INC.

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

% JOSEPH H-SPANN  
1932 HIGHWAY 97 S  
CANTONMENT, FL 32533

## Current Mailing Address:

% FRANCES N. SPANN  
1922 HWY 97 SO.  
CANTONMENT, FL 32533

## New Principal Place of Business:

% CONNIE SPANN  
1932 HIGHWAY 97 S  
CANTONMENT, FL 32533

## New Mailing Address:

% CONNIE SPANN  
1922 HWY 97 SO.  
CANTONMENT, FL 32533

FEI Number: 59-2468878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPANN, JOSEPH H  
1922 HIGHWAY 97 SOUTH  
CANTONMENT, FL 32533 US

## Name and Address of New Registered Agent:

SPANN, CONNIE L  
1922 HIGHWAY 97 SOUTH  
CANTONMENT, FL 32533 US

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.

SIGNATURE: CONNIE L SPANN

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SPANN, JOSEPH H.  
Address: 1922 HWY 97 SOUTH  
City-St-Zip: CANTONMENT, FL

Title: D ( ) Delete  
Name: SPANN, CONNIE L  
Address: 1922 HWY 97 S  
City-St-Zip: CANTONMENT, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SPANN, JOSEPH H  
Address: 1922 HWY 97 SOUTH  
City-St-Zip: CANTONMENT, FL 32533

Title: VP (X) Change ( ) Addition  
Name: SPANN, JR, JOSEPH H  
Address: 781 JACKS BRANCH ROAD  
City-St-Zip: CANTONMENT, FL 32533

Title: ST ( ) Change (X) Addition  
Name: SPANN, CONNIE L  
Address: 1922 HIGHWAY 97 SOUTH  
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE L SPANN

ST

04/22/2009

Electronic Signature of Signing Officer or Director

Date