


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H39252</b> 1. Entity Name <b>THE OLE' PROSPECTOR SERVICES, INC.</b>	
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Principal Place of Business <b>5501 N.DORMANY RD. PLANT CITY, FL 33565-3517 US</b>	Mailing Address <b>5501 N.DORMANY RD. PLANT CITY, FL 33565-3517 US</b>
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**DO NOT WRITE IN THIS SPACE**



02012004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2630178</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SPANGLER, LINDA  
5501 N.DORMANY RD.  
PLANT CITY, FL 33565**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD SPANGLER, LEON 5501 NORTH DORMANY ROAD PLANT CITY, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD SPANGLER, LINDA 5501 NORTH DORMANY ROAD PLANT CITY, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000070275  
03/05/04 00003-014 150.00 *Sw*

000000070028  
03/08/04 00073-014 150.00

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:** *Leon Spangler* **3-8-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #