


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H39252</b> 1. Entity Name THE OLE' PROSPECTOR SERVICES, INC.	
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Principal Place of Business 5501 N.DORMANY RD. PLANT CITY, FL 33565-3517 US	Mailing Address 5501 N.DORMANY RD. PLANT CITY, FL 33565-3517 US
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03162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  SPANGLER, LINDA 5501 N.DORMANY RD. PLANT CITY, FL 33565	<b>DO NOT WRITE IN THIS SPACE</b>
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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 Linda Spangler Linda Spangler 3-17-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	VSD SPANGLER, LEON 5501 NORTH DORMANY ROAD PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SPANGLER, LINDA 5501 NORTH DORMANY ROAD PLANT CITY, FL
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00000272646  
03/22/05-80013-023 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda Spangler Linda Spangler 3-17-05 813-477-8577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #