

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J92408**

1. Entity Name  
**SALES PARTNER SYSTEMS, INC.**



Principal Place of Business  
**757 S. NOVA ROAD  
ORMOND BEACH, FL 32174-7332**

Mailing Address  
**757 S. NOVA ROAD  
ORMOND BEACH, FL 32174-7332**



04052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
<b>NOT APPLICABLE</b>	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**

**FRANK, LARRY  
127 BUCKSKIN LANE  
ORMOND BEACH, FL 32174**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	FRANK, LARRY
STREET ADDRESS	127 BUCKSKIN LANE
CITY - ST - ZIP	ORMOND BCH, FL 32174

TITLE	VDS
NAME	FRANK, HARVEY
STREET ADDRESS	757 S. NOVA RD.
CITY - ST - ZIP	ORMOND BCH, FL 32174

TITLE	DP
NAME	BENDIX, JOSEPH
STREET ADDRESS	757 S. NOVA RD.
CITY - ST - ZIP	ORMOND BCH, FL 32174

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/26/06-80066-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/5/06**

Date

**386-672-8434**

Daytime Phone #