

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 24, 2007 08:00 A**  
**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**



05232007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
BENDIX, JOSEPH  
757 S. NOVA RD.  
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

U000000765146  
05/31/07-80027-022 150.00

**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

**5/23/07**

Date

**386-672-8434**

Daytime Phone #