


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 -08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K84569</b>			
1. Entity Name <b>SPANO PROPERTIES, INC.</b>			
Principal Place of Business <b>15 SUNSET LANE POMPANO BEACH FL 33062</b>		Mailing Address <b>15 SUNSET LANE POMPANO BEACH FL 33062</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>SPANO, ANTHONY S JR. 15 SUNSET LANE POMPANO BEACH FL 33062</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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.			



1st MOORE CR2E034 (10/04)  
 4. FEI Number **65-0123895** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVT	NAME SPANO, ANTHONY S.	TITLE	NAME
STREET ADDRESS 15 SUNSET LANE	CITY-ST-ZIP POMPANO BEACH FL	STREET ADDRESS	CITY-ST-ZIP
TITLE DCM	NAME SPANO, ANTHONY S.	TITLE	NAME
STREET ADDRESS 15 SUNSET LANE	CITY-ST-ZIP POMPANO BEACH FL	STREET ADDRESS	CITY-ST-ZIP
TITLE S	NAME SPANO, ANTHONY S	TITLE	NAME
STREET ADDRESS 15 SUNSET LANE	CITY-ST-ZIP POMPANO BEACH FL 33062	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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: *Anthony S. Spano Jr* **ANTHONY S. SPANO JR** 2/7/05 954-971-7900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #