2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED		
DOCUMENT # L61891 1. Entity Name					Feb 09, 2004 08:00 A Secretary of State	M	
SPECTO	R, INC.				•		
Principal Place of Business Mailing Address					-		
	23RD LANE	1365 N.W. 23RD LANE					
DELMAT BE	EACH FL 33445	DELRAY BEACH FL	33445	-	. 1881) 111 411 411 411 4114   1414   1414   1414   1414   1414   1414   1414   1414   1414   1414   1414   1414	71 (11 1 <b>1 1</b> 1)	
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt.	. #, etc.	Suite, Apt #, etc.			MOORE CR2E034 (11/03)		
City & State		City & State	City & State		) EE 0100101	ed For opplicable	
Zip	Country	Zıp	Cour	ntry	5. Certificate of Status Desired S8.75 Addition Fee Required	nal	
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent		
SPECTOR, JACQUELINE				Street Address (P.O. Box Number is Not Acceptable)			
	55 N.W. 23RD LANE LRAY BEACH FL 33445			Olicet Addioss (	S.O. DOX Pulliber is Not recopiable)		
				City	Zip Code		
		for the purpose of changing	its register	 ed office or register	red agent, or both, in the State of Florida. I am familiar with, an	d accept	
the obligations of registered agent.							
SIGNATURE	Signature, typed or printed name of registered ago	int and title if applicable. (N	OTE. Registere	d Agent signature required	d when reinstating) DATE		
	FILE NOW!!! FEE IS \$150.00 or May 1, 2004 Fee will be \$550.00	<b>,</b>			9. Election Campaign Financing  Trust Fund Contribution.  Added to		
Make Chec	k Payable to Florida Department				Trust Fund Contribution.	rees	
10. TITLE	OFFICERS AN	D DIRECTORS_	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	-	
NAME			TITL NAM	į	U00000043897	Addition	
STREET ADDRESS CITY-ST-ZIP	1365 N.W. 23RD LANE DELRAY BEACH FL			ET AODRESS -ST-ZIP	02/10/04-80083-005 130.00		
TITLE	DELNAT BEACTIFE	☐ Delete	TITL		☐ Change	Addition	
NAME		in page	NAM	IE			
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CITY-ST-ZIP				- ST - ZIP		<u> </u>	
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NAME STREET ADDRESS			NAM	E ET ADDRESS	<u>-</u>		
CITY-ST-ZIP				-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							
SIGNAT	URE:locquel	REPRINTED NAME OF SIGNING OFFICE	/		2/6/04 561-278-74  Date Daytime Phone #	38	
	SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING OFFICE	ER OR DIRECT	TOFI	Date Daytime Phone #		