


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M69205**  
1. Entity Name  
**SPALDING OFFICE SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
**887-F MAIN STREET      887-F MAIN STREET**  
**MONROE, CT 06468 US      MONROE, CT 06468 US**

**DO NOT WRITE IN THIS SPACE**



02262005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0045200**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DENICOLA, ROGER**  
**2473 NW 9TH STREET**  
**DELRAY BEACH, FL 33445**

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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: *Roger Denicola*  
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	S
NAME	WILLIMAN, PETER C.
STREET ADDRESS	186 CHERRY ST.
CITY - ST - ZIP	KATONAH, NY
TITLE	P
NAME	WILLMAN, ANDREA L
STREET ADDRESS	186 CHERRY ST.
CITY - ST - ZIP	KATONAH, NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000321990  
04/21/05-80101-002 150.00

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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: *Peter C. Williman*      Date: **4/19/05**      Daytime Phone #: **203-459-0007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR