2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000106897

1. Entity Name

SPARTAN SOFFIT, INC.



FILED Mar 18, 2008 08:00 A Secretary of State

Principal Place of Business

230 COLOMBA ROAD DEBARY, FL 32713 Mailing Address

230 COLOMBA ROAD DEBARY, FL 32713



DO NOT WRITE IN THIS SPACE

03012008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3754876 Not Applicable

5.- Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELIS, ELIA 230 COLOMBA ROAD DEBARY, FL 32713

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	purpose of changing its register	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	ρt
SIGNATURE_	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution		ncing \$5.00 May Be Added to Fees	U00000862458 04/03/08-80048-011 150_00		
10.	OFFICERS AND DIREC	TORS	5 to 2 to 3	THE SECTION OF THE PROPERTY OF STREET	÷.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELIS, ELIA 500 W AIRPORT BLVD #612 SANFORD, FL 32773				他のは 小人
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-2IP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 faccurate 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 offer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NIME OF SIGNING OFFICER OR DIRECTOR

3/12/08

321-231-2086

Daytime Phone #