



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 29 PM 3:37

DOCUMENT # P02000036898 1. Entity Name <u>SPANNAN ENTERPRISES, INC.</u> <div style="text-align: right; margin-top: -10px;">n/c 10/26/04</div>																	
Principal Place of Business 1689 WEST STARDUST DRIVE MALABAR, FL 32950			Mailing Address 1689 WEST STARDUST DRIVE MALABAR, FL 32950														
2. Principal Place of Business <u>4700 Babcock St NE</u> Suite, Apt. #, etc. <u>Suite 19-188</u> City & State <u>Palm Bay FL</u> Zip <u>32905-2838</u> Country <u>USA</u>		3. Mailing Address <u>4700 Babcock St. NE</u> Suite, Apt. #, etc. <u>Suite 19-188</u> City & State <u>Palm Bay FL</u> Zip <u>32905-2838</u> Country <u>USA</u>															
10252004 Chg-P CR2E034 (10/03)		4. FEI Number 46-0474996		Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SPANNAN, DANIEL 1689 W. STARDUST DR. MALABAR, FL 32950													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>													
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DPST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SPANNAN, DANIEL J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1689 W. STARDUST DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MALABAR, FL 32950</td> <td></td> </tr> </table>		TITLE	DPST	<input type="checkbox"/> Delete	NAME	SPANNAN, DANIEL J		STREET ADDRESS	1689 W. STARDUST DR.		CITY-ST-ZIP	MALABAR, FL 32950	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">500042315235</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>10/29/04--01055--009 **61.25</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>D/V P Spannan, Charles W</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1686 West Stardust Dr. Malabar, FL 32950</td> <td></td> </tr> </table>		TITLE	500042315235	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	10/29/04--01055--009 **61.25		STREET ADDRESS	D/V P Spannan, Charles W	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	CITY-ST-ZIP	1686 West Stardust Dr. Malabar, FL 32950		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.			
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SIGNATURE: <u>Daniel J. Spannan, Pres 10/25/04</u> (321) 427-1459 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																	

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