2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90224 001 ***158.75

DOCUMENT # P02000117378

1. Entity Name
SPOGNARDI REAL ESTATE INVESTMENTS CORPORATION

Principal Place of Business
~~654 DELTONA BOULEVARD~~ 4998 Fawn Ridge Pl.
~~DELTONA, FL~~ Sanford, Fla 32771

Mailing Address
~~654 DELTONA BOULEVARD~~ 4998 Fawn Ridge Pl.
~~DELTONA, FL~~ Sanford, Fl. 32771

04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1136924
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPOGNARDI, MICHAEL S
~~654 DELTONA BOULEVARD~~ 4998 Fawn Ridge Place
~~DELTONA, FL~~ Sanford, Fla. 32771

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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: Michael S. Spognardi
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SPOGNARDI, MICHAEL S
STREET ADDRESS	~~654 DELTONA BOULEVARD~~ 4998 Fawn Ridge Pl.
CITY-ST-ZIP	~~DELTONA, FL~~ Sanford, Fl. 32771
TITLE	VD
NAME	SPOGNARDI, JASON M
STREET ADDRESS	~~654 DELTONA BOULEVARD~~ 4998 Fawn Ridge Pl.
CITY-ST-ZIP	~~DELTONA, FL~~ Sanford, Fl. 32771
TITLE	SD
NAME	~~SPOGNARDI, MILDRED S.~~ Justin M. Spognardi
STREET ADDRESS	~~654 DELTONA BOULEVARD~~ 4998 Fawn Ridge Pl.
CITY-ST-ZIP	~~DELTONA, FL 32725~~ Sanford, Fl. 32771
TITLE	Director
NAME	Spognardi, Donna R.
STREET ADDRESS	4998 Fawn Ridge Pl.
CITY-ST-ZIP	Sanford, Fla 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael S. Spognardi 4-25-04 (407) 929-0631 (407) 244-5513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #