



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90031 013 ***158.75

DOCUMENT # P02000117378 1. Entity Name SPOGNARDI REAL ESTATE INVESTMENTS CORPORATION					
Principal Place of Business 5224 W STATE RD #46 PMB #327 SANFORD, FL 32771			Mailing Address 5224 W STATE RD #46 PMB #327 SANFORD, FL 32771		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
					
01242006 Chg-P CR2E034 (11/05)					
4. FEI Number 57-1136924				<input type="checkbox"/> Applied For <input checked="" 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			7. Name and Address of New Registered Agent		
SPOGNARDI, MICHAEL S 440 MYRTLEWOOD DR 4101 Myrtlewood Drive SANFORD, FL 32771			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: <u>Michael S. Spognardi</u> (Change Corrected Address only) 2-6-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SPOGNARDI, MICHAEL S 5224 W STATE RD #46 SANFORD, FL 32771 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPOGNARDI, JASON M 5224 W STATE RD #46 SANFORD, FL 32771 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPOGNARDI, JUSTIN 5224 W STATE RD #46 SANFORD, FL 32771 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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: <u>Michael S. Spognardi - President</u> 2-6-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40011364

Division of Corporations



2006 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P02000117378
Business Entity Name	SPOGNARDI REAL ESTATE INVESTMENTS CORPORATION
Original File Date	10/29/2002

FEI Number 57-1136924

Principal Address 5224 W STATE RD #46 PMB #327
SANFORD, FL 32771

Mailing Address 5224 W STATE RD #46 PMB #327
SANFORD, FL 32771

Registered Agent MICHAEL S SPOGNARDI
4101 4104 MYRTLE WOOD DR
SANFORD, FL 32771

Officer/Director Name And Address

PTD
MICHAEL S SPOGNARDI
5224 W STATE RD #46
SANFORD, FL 32771

VD
JASON M SPOGNARDI
5224 W STATE RD #46
SANFORD, FL 32771

SD
JUSTIN SPOGNARDI
5224 W STATE RD #46
SANFORD, FL 32771

If all of the above
information is correct and
you do not wish to make any

If you need to make changes
to the above information,
please select: