

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90234 046 \*\*\*150.00

**DOCUMENT # P03000006292**

1. Entity Name  
**SPINNER LAW FIRM, P.A.**



Principal Place of Business  
**8909 REGENTS PARK DRIVE  
 SUITE 405  
 TAMPA, FL 33647**

Mailing Address  
**P.O. BOX 48882  
 TAMPA, FL 33647**

2. Principal Place of Business  
**8907 REGENTS PARK DRIVE**

3. Mailing Address  
 Suite, Apt. #, etc.  
**SUITE 310**

City & State  
**TAMPA, FLORIDA**

City & State  
 City & State  
**Tampa, FL**

Zip  
**33647**

Country  
**U.S.**



01092006 Chg-P CR2E034 (11/05)

4. FEI Number  
**74-3083291**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SPINNER, CHARLES S JR.  
 8909 REGENTS PARK DRIVE  
 SUITE 405  
 TAMPA, FL 33647**

7. Name and Address of New Registered Agent

Name  
**SPINNER, CHARLES S, JR.**

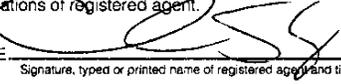
Street Address (P.O. Box Number is Not Acceptable)  
**8907 Regents Park Drive**

**SUITE 310**

City  
**Tampa**

FL Zip Code  
**33647**

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  DATE **1/9/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

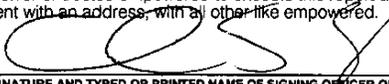
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES SPINNER, CHARLES S JR <del>8909 REGENTS PARK DRIVE, SUITE 405</del> TAMPA, FL 33647</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <b>8907 Regents Park Drive, Suite 310 Tampa, FL 33647</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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:  DATE **1/9/06** DAYTIME PHONE # **813 991-5099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR