2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 21, 2008 08:00 A Secretary of State DOCUMENT # P03000006935 1. Entity Name RODNEY R. SPANN SERVICES, INC. Principal Place of Business Mailing Address 1226 QUAIL RIDGE DRIVE 1226 QUAIL RIDGE DRIVE DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 92-6032720 Not Applicable Ζıρ Country Z:pCountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City Zip Code 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. Signature, typed or printed tian diof registriod agent and the if anpicable SNOTE: Registered Agor's eignature ranjuired when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE ☐ Derete TITLE 04/08/08-80023*-*614 SPANN, RODNEY R NAME 1226 QUAIL RIDGE DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST ZIP TITLE ☐ Derete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST - ZIP THEE Derete Change Addition NAM-STREET AUGKESS STREET AUDRESS CITY-ST-7P CITY-ST-ZIP THEE ☐ Derete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY~S1-ZIF CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Acodiou NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIF TITLE ☐ Delete TITLE Change ■ Addition NAM[®] NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

3-18-08

(35c) X5-6988