



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000012791 1. Entity Name NANCY SPENDER, INC.							
Principal Place of Business ONE FINANCIAL PLAZA, SUITE 2020 FORT LAUDERDALE, FL 33394			Mailing Address ONE FINANCIAL PLAZA, SUITE 2020 FORT LAUDERDALE, FL 33394				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01062004 Chg-P CR2E034 (10/03)			
City & State		City & State					
Zip Country		Zip Country					
4. FEI Number		Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent EMERY, MICHAEL R ONE FINANCIAL PLAZA, SUITE 2020 FORT LAUDERDALE, FL 33394			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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				U000000038985 02/06/04-80159-020 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete PST SPENDER, NANCY ONE FINANCIAL PLAZA, SUITE 2020 FORT LAUDERDALE, FL 33394				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete VD SPENDER, NANCY ONE FINANCIAL PLAZA, SUITE 2020 FORT LAUDERDALE, FL 33394				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Nancy Spender</i> 1-31-04/529642-1098 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #							