

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000037677

FILED
Jan 06, 2006
Secretary of State

Entity Name: S & P PLAYER, INC.

Current Principal Place of Business:

1234 S JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

New Principal Place of Business:

1234 S JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741 US

Current Mailing Address:

5401 LOMA VISTA DR E
DAVENPORT, FL 33896

New Mailing Address:

5401 LOMA VISTA DR E
DAVENPORT, FL 33896 US

FEI Number: 59-3770303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, SUSAN M CPA
4175 S US HWY 1
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: PLAYER, STEPHEN C
Address: 5401 LOMA VISTA DR E
City-St-Zip: DAVENPORT, FL 33896

Title: MRS () Delete
Name: PLAYER, PATRICIA
Address: 5401 LOMA VISTA DR E
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN C PLAYER

MR

01/06/2006

Electronic Signature of Signing Officer or Director

_____ Date