

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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04222005 Chg-P CR2E034 (10/03)

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| DOCUMENT # P03000085190   |  |   |  |   |  |
| 1. Entity Name<br>SPF MANAGEMENT, DEVELOPMENT & SERVICES INC.   |  |   |  |   |  |
| Principal Place of Business.<br>3481 SW 177 STREET<br>MIRAMAR, FL 33029   |  |   | Mailing Address<br>3481 SW 177 STREET<br>MIRAMAR, FL 33029 |   |  |
| 2. Principal Place of Business  |  |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |  |   | Suite, Apt. #, etc.  |   |  |
| City & State  |  |   | City & State   |   |  |
| Zip   | Country  | Zip   | Country  | 4. FEI Number<br>APPLIED FOR 200276112  |  |
|   |  |   |  | Applied For<br>Not Applicable   |  |
|   |  |   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>JARMAN, JENNIFFER<br>34811 SW 177 AVENUE<br>MIRAMAR, FL 33029  |  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>3481 SW 177 AVENUE<br>CITY MIRAMAR FL Zip Code 33029 |  |
| 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 _____<br><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<br>After May 1, 2005 Fee will be \$550.00   |  | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>JARMAN, FRANKLYN<br>3481 SW 177 STREET<br>MIRAMAR, FL 33029 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| 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:  |  | 4/29/05   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date Daytime Phone #  |  |   |  |

To: Division of Corporation

From: SPF Management, Development and services Inc.


Re; 2005 Annual Report

Date: 7/7/05

Please find attach a copy of my 2005 For Profit Corporation Annual Report that was sent 4/29/05, along with the FEI# 200276112. The original did not include the FEI#.

On Tuesday of this week (7/5/05) a 'Notice of Intent to Dissolve' was delivered to me through the mail. I then contacted your office. It was then explained to me that the FEI# was missing from the report and that was the reason for the notice. I was also informed that an earlier notification was sent with that explanation. I explained that I do not recall receiving that notice. The recommendation at the conclusion of this discussion was for me to include the FEI number into the copy of the original report that was sent and the forward that copy to Division of Corporation.

Due to this oversight I am requesting a waiver on the late charge fee.  
Thanks for your consideration.

Franklyn Jarman   
SPF Management, Development and Services Inc.  
3481 SW 177 Ave., Miramar FL 33029  
Ph. (954) 704-3641; Cel (786) 229-3331  
Document # P03000085190