

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90181 038 ***150.00

DOCUMENT # P03000086245

1. Entity Name
SPARTICUS HOMES OF MARION COUNTY, INC.



Principal Place of Business
514 SW 2ND AVE.
OCALA, FL 34474

Mailing Address
P.O. BOX 1057
OCALA, FL 34478

50022312



02242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

741 N.E. 3rd Street
Suite, Apt. #, etc.
Suite # 1

3. Mailing Address

P.O. Box 1057
Suite, Apt. #, etc.

City & State
OCALA, FLA

City & State
OCALA, FLA

4. FEI Number
51-0478338

Applied For
Not Applicable

Zip - Country
34470 USA

Zip - Country
34478 USA

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

6. Name and Address of Current Registered Agent

ANDREWS, LAN
514 SW 2ND AVE.
OCALA, FL 34474

7. Name and Address of New Registered Agent

Name
LAN ANDREWS

Street Address (P.O. Box Number is Not Acceptable)

741 N.E. 3rd Street

City
OCALA

FL

Zip Code
34470

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

Jan Andrews

3-1-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
PVD
ANDREWS, MELISSA
STREET ADDRESS
11521 S.E. 1ST RD.
CITY-ST-ZIP
SILVER SPRINGS, FL 34488 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

Melissa Andrews

3-1-05

352-867-1725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #