

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90078 009 ***150.00

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1. Entity Name
SPARTICUS BUILDERS, INC.



Principal Place of Business
741 NE 3RD ST
STE 1
OCALA, FL 34474

Mailing Address
P.O. BOX 1057
JUPITER, FL 33478

40046942



2. Principal Place of Business

3. Mailing Address

741 NE 3rd Street
Suite # 1

03232006 Chg-P CR2E034 (11/05)

Suite Apt. #, etc

Suite Apt. #, etc

City & State

City & State
OCALA, FLA

4. FEI Number
86-1080038

Applied For
Not Applicable

Zip

Country

Zip

Country

34470 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREWS, LAN
741 NE 3RD STREET
STE 1
OCALA, FL ~~34474~~ 34470.

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ANDRES, LAN
STREET ADDRESS P.O. BOX 1057
CITY-STATE-ZIP Ocala, FL 34478

TITLE VD ☐ Delete
NAME BENTON, MELISSA
STREET ADDRESS P.O. BOX 1355
CITY-STATE-ZIP Ocala, FL 34478

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan Andrews LAN ANDREWS 4-6-06 352-867-1725