2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107566

Entity Name: SP&P, INC

FILED May 03, 2008 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	DY GLEN DR D, FL 32819	IVE			
Current N	lailing Addre	ess:	New Mailing Address	::	
	LIPS GROVE D, FL 32836	TERRACE			
FEI Number	: 45-0524963	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
	MITA LLIPS GROVE D, FL 32836	TERR US			
The above	named entity	1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
	e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
in the State	e of Florida. [*] RE:	onic Signature of Registered Ag		d office or registered agent, or both, Date	
in the State SIGNATUI In accordan	e of Florida. RE: Electro	onic Signature of Registered Ag 93(2)(b), F.S., the corporation did no	ent		
in the State SIGNATUI In accordan Election Car	e of Florida. RE: Electro	onic Signature of Registered Ag 93(2)(b), F.S., the corporation did no ng Trust Fund Contribution ().	ent ot receive the prior notice.	Date	
in the State SIGNATUI In accordan Election Car	e of Florida. RE: Electronice with s. 607.1 mpaign Financii S AND DIREC	onic Signature of Registered Ag 93(2)(b), F.S., the corporation did no ng Trust Fund Contribution (). CTORS:) Delete NDRA GLEN DRIVE	ent ot receive the prior notice.	Date	
in the State SIGNATUI In accordan Election Car OFFICER: Title: Name: Address:	e of Florida. RE: Electronice with s. 607.1 mpaign Financia S AND DIRECTOR P (PATEL, DEVERMANDO, FI	onic Signature of Registered Agressian Signature of Registered Agressian Signature of Registered Agressian Signature of Registered Agressian Signature (1). CTORS:) Delete DDRA GLEN DRIVE 32819) Delete	ent ot receive the prior notice. ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS	

I hereby certify that the information supplied with this filing does not qualify 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:	DAVE PATEL	PRES	05/03/2008
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