


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90345 029 \*\*\*150.00

**DOCUMENT # P03000145740**

1. Entity Name  
 SPYGLASS LANE INVESTMENT CO.



Principal Place of Business  
 172 SPYGLASS LANE  
 JUPITER, FL 33477

Mailing Address  
 172 SPYGLASS LANE  
 JUPITER, FL 33477

**DO NOT WRITE IN THIS SPACE**



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 52-2436150

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

DARYL CRAMER & ASSOCIATES, P.A.  
 3801 PGA BLVD  
 SUITE 508  
 PALM BEACH GARDENS 334102758, FL

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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          | D                 |
| NAME           | FINE, MICHAEL     |
| STREET ADDRESS | 172 SPYGLASS LANE |
| CITY-ST-ZIP    | JUPITER, FL 33477 |
| TITLE          | D                 |
| NAME           | FINE, MARK        |
| STREET ADDRESS | 184 SPYGLASS LANE |
| CITY-ST-ZIP    | JUPITER, FL 33477 |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |

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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: Michael Fine - MICHAEL FINE Date: 4/12/05 Daytime Phone #: 561-745-2371