

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000017325

1. Entity Name
SPIRIT ADJUSTING SOLUTIONS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 10 AM 10:02

Principal Place of Business
6811 N. ATLANTIC AVE
SUITE B
CAPE CANAVERAL, FL 32920

Mailing Address
1624 HARBOR DR
MERRITT ISLAND, FL 32952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262005

Chg-P

CR2E034 (10/03)

4. FEI Number

30-0221883

Applied For

Not Applicable

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

PRIEST, FRANK
1624 HARBOR DR
MERRITT ISLAND, FL 32952

Name
DONNA DRESSLER

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

110 Dixie Lane

Cocoa Beach, FL 32931

City

Cocoa Beach

FL

Zip Code
32931

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

1-28-05

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PRIEST, FRANK	
STREET ADDRESS	1624 HARBOR DR	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAND, WALLACE H	
STREET ADDRESS	12530 PRIMA VISTA	
CITY-ST-ZIP	SAN ANTONIO, TX 78233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director & President & Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank A. Priest, Jr.	
STREET ADDRESS	1624 Harbor Drive	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	Wallace H. Hand is	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	also a Director	
STREET ADDRESS	(Same address)	
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jay E. Humphreys	
STREET ADDRESS	1565 Tarpon Street	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Dressler	
STREET ADDRESS	110 Dixie Lane	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Frank A. Priest Jr. PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05

Date

Daytime Phone #