2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000046139

1. Entity Name

SPENCER AIR GROUP, CORP



FILED Jan 31, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

777 EAST ATLANTIC AVE. SUIT C2 388 DELRAY BEACH, FL 33483 US

777 EAST ATLANTIC AVE. SUIT C2 388 DELRAY BEACH, FL 33483 US



DO NOT WRITE IN THIS SPACE

01272008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

SPENCER, DURAND O 777 EAST ATLANTIC AVE. SUIT C2 388 DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE

				IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
CICNATURE:	er fra de la companya				the second second second second	
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550,00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, DURAND O 777 EAST ATLANTIC AVE. C2 388 DELRAY BEACH, FL 33483		l		U00000809573 02/08/08~80027-021 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					02/08/08~8002/-021 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TT 1 T	Thinks I strong with a superior and some strong of the superior of the superio	
TITLE STATE STATE STATE STREET ADDRESS	हा जा उत्तर है है है है जा का कुछ है है है है है है है है है के देखार है	nar god seesaga en	, I	\$ 51.02 (12) 81. - 31.4 % (6)36		
CITY-ST-ZIP	***					
12. I hereby o	certify that the information supplied with this file	ing does not qualify for the exer	notions cor	ntained in Chapter 11	9. Florida Statutes 1 further certify that the information	

12. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Fiorida 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 INSINE OF SKINING OFFICER OR DIRECTOR

01.25.08

561706 _ 0282

Daytime Phone #