2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000081925

BUTLER, WILLIAM C

PONTE VEDRA BEACH, FL 32004 US

P.O. BOX 3116

Name:

Address:

City-St-Zip:

Entity Name: SPECTRUM MARKETING & PUBLIC AFFAIRS, INC

FILED Sep 02, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
P.O. BOX PONTE VI	3116 EDRA BEACH	l, FL 32004	US			
Current Mailing Address:				New Mailing Address:		
P.O. BOX PONTE VI	3116 EDRA BEACH	l, FL 32004	US			
FEI Number	: 20-1381529	FEI Number	Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
296 DEER	HY, JAMES W RUN DRIVE EDRA BEACH		US	MCCARTHY, JAMES 105 MEADOWCRES PONTE VEDRA BEA	ST LANE	
	e named entity e of Florida.	submits this	statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATURE:					09/02/2005	
Electronic Signature of Registered Agent				ent	: Date	
	nce with s. 607.19 mpaign Financir		•	ot receive the prior notice.		
OFFICER	S AND DIREC	CTORS:		ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MCCARTHY, J P.O. BOX 311		2004 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCCARTHY, E P.O. BOX 311) Delete ELIZABETH-ANN 6 A BEACH, FL 32		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BUTLER, FRA P.O. BOX 311		2004 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S. D () Delete		Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JIM MCCARTHY P 09/02/2005