

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090783

Entity Name: SPONFLA, INC.

FILED  
Jul 08, 2005  
Secretary of State

**Current Principal Place of Business:**

1765 MITCHELL COURT  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

**Current Mailing Address:**

1765 MITCHELL COURT  
PORT ORANGE, FL 32128

**New Mailing Address:**

FEI Number: 20-1237563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LEGG, THOMAS C  
1765 MITCHELL COURT  
PORT ORANGE, FL 32128 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEGG, THOMAS C  
Address: 1765 MITCHELL COURT  
City-St-Zip: PORT ORANGE, FL 32128

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: THOMAS C LEGG

PRES

07/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date