

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2005 8:00 am
Secretary of State

01-25-2005 90037 019 ***150.00

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1st MOORE CR2E034 (10/04)



DOCUMENT # P04000102237					
1. Entity Name SPECTRUM TV CORP.					
Principal Place of Business 6922 142ND AVENUE N. LARGO FL 33771			Mailing Address 6922 142ND AVENUE N. LARGO FL 33771		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0524306	
				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		
D'ANDREA, ROBERT R 6922 142ND AVENUE N. LARGO FL 33771			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	D/P	☐ Delete			
NAME	D'ANDREA, ROBERT R				
STREET ADDRESS	6922 142ND AVENUE N.				
CITY- ST- ZIP	LARGO FL 33771				
TITLE	D/VP	☐ Delete			
NAME	WETZEL, WAYNE				
STREET ADDRESS	6922 142ND AVENUE N.				
CITY- ST- ZIP	LARGO FL 33771				
TITLE	D/T	☐ Delete			
NAME	SMITH, JIMMY				
STREET ADDRESS	6922 142ND AVENUE N.				
CITY- ST- ZIP	LARGO FL 33771				
TITLE	D/S	☐ Delete			
NAME	OLIVER, VIRGINIA				
STREET ADDRESS	6922 142ND AVENUE N.				
CITY- ST- ZIP	LARGO FL 33771				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change ☐ 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:  ROBERT D'ANDREA Date: 1/10/05 Daytime Phone #: (727) 535-1622					