


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90080 037 \*\*\*163.75

|   |   |
|---|---|
| <b>DOCUMENT # P04000108016</b>                |  |
| 1. Entity Name<br><b>S&amp;A SPIRIT, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>5927 B. SAVANNAH PL.<br/>ORLANDO, FL 32807 US</b> | Mailing Address<br><b>5927 B. SAVANNAH PL.<br/>ORLANDO, FL 32807 US</b> |
|---|---|

**40054388**

|   |  |
|---|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>Dagama Court</b><br>Suite, Apt. #, etc.<br><b>326</b><br>City & State<br><b>Kissimmee, Florida</b><br>Zip<br><b>34758</b> Country<br><b>U.S.</b> | 3. Mailing Address<br><b>P.O. Box</b><br>Suite, Apt. #, etc.<br><b>420065</b><br>City & State<br><b>Kissimmee, Florida</b><br>Zip<br><b>34742</b> Country<br><b>U.S.</b> |
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04032007 Chg-P CR2E034 (12/06)

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|--|--|
| 4. FEI Number<br><b>20-1441163</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>DACAR, MARIA A<br/>5927 B. SAVANNAH PL.<br/>ORLANDO, FL 32807</b> | 7. Name and Address of New Registered Agent<br>Name<br><b>Dacar, Maria Andrea</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>326 Dagama Court</b><br>City<br><b>Kissimmee</b> FL Zip Code<br><b>34758</b> |
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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 reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DACAR, MARIA A<br>5927 B. SAVANNAH PL<br>ORLANDO, FL 32807 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Dacar, Maria A<br>326 Dagama Court<br>Kissimmee, Florida 34758 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DACAR, NORMA T<br>5927 B. SAVANNAH PL<br>ORLANDO, FL 32807 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Dacar, Norma T<br>326 Dagama Court<br>Kissimmee, Florida 34758 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Maria Andrea Dacar **04/05/2007** **(321) 331 2448**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #