

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90183 036 ***150.00

DOCUMENT # P04000127382 1. Entity Name THE SPIN CITY CLUB, INC.																																																																																																															
Principal Place of Business 8105 RIVER COUNTRY DR SPRING HILL, FL 34607		Mailing Address 8105 RIVER COUNTRY DR SPRING HILL, FL 34607																																																																																																													
2. Principal Place of Business 5103 COMMERCIAL WAY <small>Suite, Apt. #, etc.</small>		3. Mailing Address 8105 RIVER COUNTRY DR <small>Suite, Apt. #, etc.</small>																																																																																																													
City & State SPRING HILL, FL		City & State SPRING HILL, FL																																																																																																													
Zip 34606		Zip 34607																																																																																																													
Country HERNANDO		Country HERNANDO																																																																																																													
4. FEI Number 84-1656868		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent MORELAND, KATHLEEN 8105 RIVER COUNTRY DR SPRING HILL, FL 34607		7. Name and Address of New Registered Agent Name KATHLEEN MORELAND Street Address (P.O. Box Number is Not Acceptable) 8105 RIVER COUNTRY DR City SPRING HILL FL 34607																																																																																																													
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 <i>Kathleen Moreland</i> KATHLEEN MORELAND 4/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																																																																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PRESIDENT</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KATHLEEN MORELAND</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8105 RIVER COUNTRY DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SPRING HILL, FL 34607</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VICE PRESIDENT</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHEVEL PEDI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3352 Palometa Dr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Hernando Beach FL 34607</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PRESIDENT	<input type="checkbox"/> Delete	NAME	KATHLEEN MORELAND		STREET ADDRESS	8105 RIVER COUNTRY DR		CITY-ST-ZIP	SPRING HILL, FL 34607		TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete	NAME	CHEVEL PEDI		STREET ADDRESS	3352 Palometa Dr.		CITY-ST-ZIP	Hernando Beach FL 34607		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <i>Kathleen Moreland</i> KATHLEEN MORELAND 4/7/05 352-592-6262 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																															