

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-09-2007 90046 026 ***150.00

DOCUMENT # P04000139659

1. Entity Name
SPOONER OUTDOOR SERVICES, INC.



Principal Place of Business
**P.O. BOX 997
207 MATHER SMITH DRIVE
OAKLAND, FL 34760 US**

Mailing Address
**P.O. BOX 997
207 MATHER SMITH DRIVE
OAKLAND, FL 34760 US**

DO NOT WRITE IN THIS SPACE



04012007 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0209745

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPOONER, JOHN A
207 MATHER SMITH DRIVE
OAKLAND, FL 34760**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D,P SPOONER, JOHN A P.O. BOX 997, 207 MATHER SMITH DRIVE OAKLAND, FL 34760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DETOUR, FRANK DETURO, FRANK JS. 13124 SUNSET TERRACE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/07
Date

407-766-9608
Daytime Phone #