2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90275 038 ***150.00

DOCUMENT # P04000170608

1. Entity Name
SPECTRUM DIVERSIFIED SERVICES, INC.

Principal Place of Business	Mailing Address
207 S. ADAMS STREET BEVERLY HILLS, FL 34465 US	207 S. ADAMS STREET BEVERLY HILLS, FL 34465 US

14001663

04232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
207 S. ADAMS ST.	207 S. ADAMS ST.
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State BEVERLY HILLS, FL.	City & State BEVERLY HILLS, FL.
Zip 34465 Country USA	Zip 34465 Country USA

4. FEI Number 59-3793823 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name N/A.
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 ______________________________
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLOWAY, PHILLIP 207 S. ADAMS STREET BEVERLY HILLS, FL 34465 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLOWAY, MARCELLE 207 S. ADAMS STREET BEVERLY HILLS, FL 34465 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Phillip Calloway 4/23/05 352-746-2293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8618673982 EIN 1400/1663 Hew 001/001

ATTACHMENT #P04000170608 EIN 59-3793823 4/14/5 EXV

CLIENT COPY

Form **SS-4** (Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
See separate instructions for each line. Keep a copy for your records.

EIN

OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested
SPECTRUM DIVERSIFIED SERVICES, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
207 S. ADAMS STREET

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
BEVERLY HILLS, FL 34465

5b City, state, and ZIP code

6 County and state where principal business is located
CITRUS, FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustor
PHILLIP CALLOWAY

7b SSN, ITIN, or EIN
267-94-5459

8a Type of entity (check only one box)

- [ ] Sole proprietor (SSN) _____
- [ ] Partnership
- [X] Corporation (enter form number to be filed) 1120
- [ ] Personal service corp.
- [ ] Church or church-controlled organization
- [ ] Other nonprofit organization (specify) _____
- [ ] Other (specify)
- [ ] Estate (SSN of decedent) _____
- [ ] Plan administrator (SSN) _____
- [ ] Trust (SSN of grantor) _____
- [ ] National Guard
- [ ] State/local government
- [ ] Farmers' cooperative
- [ ] Federal government/military
- [ ] REMIC
- [ ] Indian tribal governments/enterprises

Group Exemption Number (GEN) _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (check only one box)

- [X] Started new business (specify type) CORPORATION
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Compliance with IRS withholding regulations
- [ ] Other (specify)
- [ ] Banking purpose (specify purpose) _____
- [ ] Changed type of organization (specify new type) _____
- [ ] Purchased going business
- [ ] Created a trust (specify type) _____
- [ ] Created a pension plan (specify type) _____

10 Date business started or acquired (month, day, year)
12/21/2004

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)
N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-"	Agricultural	Household	Other
	0	0	0

14 Check one box that best describes the principal activity of your business.

- [X] Construction
- [ ] Rental & leasing
- [ ] Transportation & warehousing
- [ ] Health care & social assistance
- [ ] Accommodation & food service
- [ ] Wholesale - agent/broker
- [ ] Wholesale - other
- [ ] Retail
- [ ] Real estate
- [ ] Manufacturing
- [ ] Finance & Insurance
- [ ] Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
CARPENTRY

16a Has the applicant ever applied for an employer identification number for this or any other business? . . . [ ] Yes [X] No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name _____ Trade name _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) — City and state where filed — Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: NELSON L. MARSH, C.I.T.P.
Designee's telephone number (include area code): (210) 497-7785
Address and ZIP code: 2810 THOUSAND OAKS PMB #104 SAN ANTONIO, TX 78232-4108
Designee's fax number (include area code): (210) 497-7785

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) PHILLIP B. CALLOWAY, PRESIDENT
Applicant's telephone number (include area code): (352)748-2293

Signature Phillip B Calloway Date 1/4/2005
Applicant's fax number (include area code): (210) 497-7785

(HTA) For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form SS-4 (Rev. 12-2001)

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