2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000131712

1. Entity Name
SPECTATORS IV, INC.

Principal Place of Business	Mailing Address
225 EAST JOEL BLVD. LEHIGH ACRES, FL 33972	225 EAST JOEL BLVD. LEHIGH ACRES, FL 33972

DO NOT WRITE IN THIS SPACE

02112007   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-3520331	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

COLARUSSO, ALBERT
225 EAST JOEL BLVD
LEHIGH ACRES, FL 33972

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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 _____

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	PT
NAME	ALBERT, COLARUSSO
STREET ADDRESS	225 EAST JOEL BLVD.
CITY-ST-ZIP	LEHIGH ACRES, FL 33972

TITLE	VPS
NAME	JOSEPH, SKLADANY
STREET ADDRESS	225 EAST JOEL BLVD.
CITY-ST-ZIP	LEHIGH ACRES, FL 33972

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/07-80010-006 150.00

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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: _Albert V Colarusso Albert V Colarusso_   3-25-07   239 369 2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #