

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90092 043 ***150.00

DOCUMENT # P06000044971

1. Entity Name
SPANG, INC.



Principal Place of Business
**21 N MAGNOLIA AVENUE SECOND FLOOR
OCALA, FL 34475**

Mailing Address
**21 N MAGNOLIA AVENUE SECOND FLOOR
OCALA, FL 34475**

40013000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022007 Chg-P CR2E034 (12/06)

4. FEI Number

20-4588732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TROW, CHESTER J
21 N MAGNOLIA AVENUE SECOND FLOOR
OCALA, FL 34475**

7. Name and Address of New Registered Agent

Name

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, 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	D	<input type="checkbox"/> Delete
NAME	SPANG, JOHN	
STREET ADDRESS	537 SE 19TH STREET	
CITY - ST - ZIP	OCALA, FL 344715326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEARSON, CAROL	
STREET ADDRESS	537 SE 19TH STREET	
CITY - ST - ZIP	OCALA, FL 344715326	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPANG, ANN	
STREET ADDRESS	537 SE 19TH STREET	
CITY - ST - ZIP	OCALA, FL 344715326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEARSON, RON	
STREET ADDRESS	537 SE 19TH STREET	
CITY - ST - ZIP	OCALA, FL 344715326	
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

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		

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

John T. Spang

2/8/07

Date

352-620-8484

Daytime Phone #