2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P21084

1. Entity Name
SPINELLON, INC.

Principal Place of Business
803-843 N., US HWY 41
DUNNELLON, FL 19801 US

Mailing Address
2542 WILLIAMS BLVD
ATTN: LEGAL DEPARTMENT
KENNER, LA 70062 US

02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1129393
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LASSEN, SIDNEY W.
STREET ADDRESS	2542 WILLIAMS BLVD.
CITY-ST-ZIP	KENNER, LA
TITLE	VS
NAME	THOMAS A MASILLA, JR.
STREET ADDRESS	2542 WILLIAMS BLVD.
CITY-ST-ZIP	KENNER, LA
TITLE	T
NAME	MILLER, CHARLES E JR.
STREET ADDRESS	2542 WILLIAMS BLVD.
CITY-ST-ZIP	KENNER, LA 70062
TITLE	VAS
NAME	BRODIE, JAMES W.
STREET ADDRESS	2542 WILLIAMS BLVD
CITY-ST-ZIP	KENNER, LA 70062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000082547
03/09/04-80036-007 158.75

DO NOT WRITE IN THIS SPACE

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: J Brodie James W. Brodie, Vice President 2/11/04 504-471-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #