

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40816

FILED
Apr 27, 2005
Secretary of State

Entity Name: SPINNEYBECK ENTERPRISES, INC.

Current Principal Place of Business:

425 CROSSPOINT PKWY
SUITE 100
GETZVILLE, NY 14068 US

New Principal Place of Business:

Current Mailing Address:

425 CROSSPOINT PKWY
SUITE 100
GETZVILLE, NY 14068 US

New Mailing Address:

FEI Number: 16-1159029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALL, R
Address: 425 CROSSPOINT PKWY SUITE 100
City-St-Zip: GETZVILLE, NY 14068

Title: D () Delete
Name: STANIAR, B
Address: 1235 WATER STREET
City-St-Zip: EAST GREENVILLE, PA 18041

Title: V () Delete
Name: WOLF, J
Address: 425 CROSSPOINT PKWY SUITE 100
City-St-Zip: GETZVILLE, NY 14068

Title: VD () Delete
Name: MCCABE, B
Address: 1235 WATER STREET
City-St-Zip: EAST GREENVILLE, PA 18041

Title: VS () Delete
Name: MILBERGER, P
Address: 1235 WATER STREET
City-St-Zip: EAST GREENVILLE, PA

Title: V () Delete
Name: FRANCIS, S.
Address: 425 CROSSPOINT PKWY SUITE 100
City-St-Zip: GETZVILLE, NY 14068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSANNE FRANCIS

V

04/27/2005

Electronic Signature of Signing Officer or Director

Date