

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000021425

1. Entity Name
SPANGLER ENTERPRISES, INC.



Principal Place of Business
**5823 21ST STREET E.
BRADENTON, FL 34203 US**

Mailing Address
**5823 21ST STREET E.
BRADENTON, FL 34203 US**



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0400194	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SPANGLER, STEVEN
3950 LANCASTER DRIVE
SARASOTA, FL 34241**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000948268

06/02/08-80048-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPANGLER, STEVEN
STREET ADDRESS	3950 LANCASTER DRIVE
CITY-ST-ZIP	SARASOTA, FL 34241

TITLE	VP
NAME	SPANGLER, WALTER J
STREET ADDRESS	4206 ST. CHARLES DRIVE
CITY-ST-ZIP	SARASOTA, FL 34243

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Steven Spangler **Steven Spangler** 4-21-08 941-739-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #