APR-28-2004 WED 02:54 PM SALTMARSH CLEVELAND&GUND FAX NC

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90379 018 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000080563

1. Entity Name
W.F. SPANN & COMPANY, INC.

Principal Place of Business	Mailing Address
3900 MARRIOTT DR K PANAMA CITY, FL 32408 US	PO BOX 28029 PANAMA CITY, FL 32411 US

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3900 Marriott Dr.	
Suite, Apt. #, etc.: SUITE D	Suite, Apt. #, etc.
City & State: Panama City, FL	City & State
Zip: 32411 Country	Zip Country

4. FEI Number: 59-3231381 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPANN, WILLIAM F
3900 MARRIOTT DR
K
PANAMA CITY, FL 32408

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] 4/28/2004
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SPANN, WILLIAM F. 3900 MARRIOTT DR PANAMA CITY, FL 32408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] WFSPANN 4/28/2004 850-235-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #