

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90009 007 ***150.00

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1. Entity Name

W.F. SPANN & COMPANY, INC.

Principal Place of Business

3900 MARRIOTT DR
STE D
PANAMA CITY FL 32411
US

Mailing Address

PO BOX 28029
PANAMA CITY FL 32411
US

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

1120 W. Beach Dr.

Suite, Apt. #, etc.

3. Mailing Address

1120 W. Beach Dr.

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip 32401

Country

Bay

City & State

Panama City

Zip

32401

Country

Bay

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME SPANN, WILLIAM F.
STREET ADDRESS 3900 MARRIOTT DR
CITY ST ZIP PANAMA CITY FL 32408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME SPANN, William F.
STREET ADDRESS 1120 W. Beach Dr.
CITY ST ZIP Panama City, FL 32401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 Section 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:

William F. Spann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2006

Date

850-913-8060

Daytime Phone #