

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90002 004 ***150.00

DOCUMENT # P95000049960

1. Entity Name

SPECTRUM PROPERTY SERVICES INC.



Principal Place of Business

845 PARK CT.
PALM HARBOR FL 34683

Mailing Address

845 PARK CT.
PALM HARBOR FL 34683

J4UJ0J40

2. Principal Place of Business

845 PARK CT.
Suite, Apt. #, etc.

3. Mailing Address

845 PARK CT.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

PALM HARBOR FL
34683 Pinellas

City & State

PALM HARBOR FL
34683 Pinellas

4. FEI Number

59-3319466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOREN SPINNANGER
845 PARK COURT
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Sheila Spinnanger
Street Address (P.O. Box Number is Not Acceptable)

845 PARK CT.
City PALM HARBOR

FL Zip Code 34683

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 *Sheila Spinnanger*
Signature, typed or printed name of registered agent and title, if applicable.

Sheila Spinnanger
(NOTE: Registered Agent signature required when reinstating)

4/30/14
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 D
NAME SPINNANGER, LOREN
STREET ADDRESS 845 PARK COURT
CITY-ST-ZIP PALM HARBOR FL 34683 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME SPINNANGER, Sheila
STREET ADDRESS 845 PARK CT.
CITY-ST-ZIP PALM HARBOR, FL 34683 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Sheila Spinnanger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/14 / 727-732-7327
Date Daytime Phone #