


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90008 007 \*\*\*550.00

<b>DOCUMENT # P97000073507</b> 1. Entity Name S.P.S. CONTRACTING, INC.	
--	---

Principal Place of Business 9015 AMERICANA ROAD SUITE 1 VERO BEACH, FL 32966 US	Mailing Address 9015 AMERICANA ROAD SUITE 1 VERO BEACH, FL 32966 US
--	--

**DO NOT WRITE IN THIS SPACE**

05152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0776401	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent

SMITH, DEBORAH S  
9015 AMERICANA ROAD  
SUITE 1  
VERO BEACH, FL 32966

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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
--	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DENNIS L PO BOX 690115 VERO BEACH, FL 32969
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DEBORAH S PO BOX 690115 VERO BEACH, FL 32969
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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:** *Deborah S. Smith* **5-29-07** **772-778-4878**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #