2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # P97000079221** 04-24-2006 90355 025 ***150.00 1. Entity Name S. L. SPANO & COMPANY, INC. Principal Place of Business Mailing Address 649 STONEFIELD LOOP 649 STONEFIELD LOOP HEATHROW, FL 32746 HEATHROW, FL 32746 US 3. Mailing Address - Same 2. Principal Place of Business South International Harkway-Suit 2401 Suite, Apt. #, etc. 04142006 CR2E034 (11/05) Cha-P 240 I 2401 Applied For 4 FELNumber City & State 89-3448468 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 32746 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPANO, SHARON L Street Address (P.O. Box Number is Not Acceptable) 649 STONEFIELD LOOP HEATHROW, FL 32746 City 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 eg/siered agent the obligations of 06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) and title if applicable 9. Election Campaign Financing FILE/NOWILL FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. • Delete ☐ Change ☐ Addition TITLE TITLE SPANO, SHARON L. 1349 South International Parkuay-Suite 2401 SPANO: SHARON L NAME 649 STÓNEFIELD LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HEATHROW FL 32746 CITY-ST-ZIP Heathrau, Florida 32746 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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