


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

06-26-2008 90001 002 \*\*\*163.75  
P98000052313

<b>DOCUMENT # P98000052313</b>		
1. Entity Name <b>SHERIDAN SPECTRUM, INC.</b>		

FILED

08 JUL -1 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>1447 MONTE LAKE DR VALRICO, FL 33594</b>	Mailing Address <b>1447 MONTE LAKE DR VALRICO, FL 33594</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip <b>33594</b>	Country
Zip <b>33594</b>	Country

06132008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0852686</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ING, JASON 13555 AUTOMOBILE BLVD #300 CLEARWATER, FL 33762</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

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	<b>PRES THORNTON, RONALD B 1447 MONTE LAKE DR VALRICO, FL 33594</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Ronald B. Thornton** *[Signature]* **22 June 2008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Rejected in Error!!!

813-727-3600