
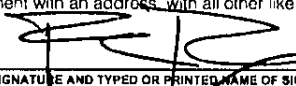


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P99000058182		
1. Entity Name SPYGLASS CAPITAL MANAGEMENT COMPANY		
Principal Place of Business C/O HILARY NICHOLSON 7681 CITRUS HILL LANE NAPLES, FL 34109		Mailing Address 801 LAUREL OAK DR STE 618 NAPLES, FL 34108
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRODSKY, PAUL E C/O HILARY NICHOLSON 7681 CITRUS HILL LANE NAPLES, FL 34109		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	BRODSKY, PAUL E	
STREET ADDRESS	7681 CITRUS HILL LANE	
CITY- ST- ZIP	NAPLES, FL 34109	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
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TITLE		
NAME		
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CITY- ST- ZIP		
TITLE		
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 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: 		Date: 4/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 917 538-1908



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3592288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/01/08-80003-021 150.00