

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108438

Entity Name: SPIKE'S RIG SALES, INC.

FILED  
Apr 10, 2006  
Secretary of State

## Current Principal Place of Business:

657 BIMINI AVE.  
MARCO ISLAND, FL 34145

## New Principal Place of Business:

8 CHERRY TREE LANE  
NAPLES, FL 34114

## Current Mailing Address:

657 BIMINI AVE.  
MARCO ISLAND, FL 34145

## New Mailing Address:

8 CHERRY TREE LANE  
NAPLES, FL 34114

FEI Number: 59-3616400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRAMER, FREDERICK C  
950 N. COLLIER BLVD., SUITE 201  
MARCO ISLAND, FL 34145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: MCMICHAEL, ROBERT W SR  
Address: 657 BIMINI AVE.  
City-St-Zip: MARCO ISLAND, FL 34145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: MCMICHAEL, ROBERT W SR  
Address: 8 CHERRY TREE LANE  
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. MCMICHAEL SR.

PST

04/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date