

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90027 004 ***150.00

DOCUMENT # S12092

1. Entity Name

SPREAD SPECTRUM, INC.



Principal Place of Business

2612 S RIVERVIEW DR
MELBOURNE FL 32901
US

Mailing Address

2612 S RIVERVIEW DR
STE 3
MELBOURNE FL 32901
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2612 S. RIVERVIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE FL

Zip

Country

32901

Country

US

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-3042947

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, WILLIAM R.
2612 S RIVERVIEW DR
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and state, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PM	☐ Delete
NAME	PALMER, WILLIAM R	
STREET ADDRESS	2612 S RIVERVIEW DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

WILLIAM R. PALMER 3/1/08

321 543-3276