


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90209 043 \*\*\*150.00

<b>DOCUMENT # S36133</b> 1. Entity Name <b>SPACES GROUP, INC.</b>					
Principal Place of Business 5207 RIO VISTA AVE., WEST TAMPA, FL 33634-5348 US				Mailing Address 5207 RIO VISTA AVE W. TAMPA, FL 33634-5348 US	
2. Principal Place of Business <b>5106 W. HANNA AVE</b> Suite, Apt. #, etc.				3. Mailing Address <b>5106 W. HANNA AVE.</b> Suite, Apt. #, etc.	
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>		4. FEI Number <b>59-3053150</b>	
Zip <b>33634-8020</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TERRY E. PELPHREY</b> <b>5207 RIO VISTA AVE W</b> <b>TAMPA, FL 33634-5348</b>				7. Name and Address of New Registered Agent Name <b>TERRY E. PELPHREY</b> Street Address (P.O. Box Number is Not Acceptable) <b>5106 W. HANNA AVE</b> City <b>TAMPA</b> FL Zip Code <b>33634 8020</b>	
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 <b>Rose Pelphrey</b> DATE <b>1-10-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing — <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP PELPHREY, TERRY E. 5207 RIO VISTA AVE. W. TAMPA, FL 336345348	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5106 W. HANNA AVE</b> <b>TAMPA FL 336348020</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PELPHREY, ROSE A. 5207 RIO VISTA AVE. W. TAMPA, FL 336345348	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5106 W. HANNA AVE</b> <b>TAMPA FL 336348020</b>	<input checked="" 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
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
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 exemption stated in Section 119.07(3)(i), 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: <b>Rose Pelphrey / Rose Pelphrey</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1-10-05</b> Daytime Phone # <b>8137807172</b>		

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