



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90196 007 \*\*\*150.00

|  |                      |                                 |   |   |                                   |
|--|----------------------|---------------------------------|---|---|-----------------------------------|
| <b>DOCUMENT # M08014</b>   |                      |                                 |   |  |                                   |
| 1. Entity Name<br>SPARTAN HOLDING CO.  |                      |                                 |   |   |                                   |
| Principal Place of Business<br>17 HUNTINGTON BAY RD<br>HUNTINGTON, NY 11743 US   |                      |                                 | Mailing Address<br>17 HUNTINGTON BAY RD<br>HUNTINGTON, NY 11743 US  |   |                                   |
| 2. Principal Place of Business   |                      |                                 | 3. Mailing Address  |   |                                   |
| Suite, Apt. #, etc.  |                      |                                 | Suite, Apt. #, etc.   |   |                                   |
| City & State   |                      |                                 | City & State  |   |                                   |
| Zip  |                      | Country                         | Zip   |   | Country                           |
| 6. Name and Address of Current Registered Agent  |                      |                                 |   | 7. Name and Address of New Registered Agent                                       |                                   |
| HERBST, WILLIAM<br>828 HIDEAWAY CIRCLE EAST-SUITE 416<br>MARCO ISLAND, FL 34-145Y  |                      |                                 |   | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and the Corporation. (NOTE: Registered Agent signature required when necessary)</small>  |                      |                                 |   |   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |                      |                                 | 9. Election Campaign Financing Trust Fund Contribution. <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  | P/S                  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | SFAELOS, EMANUEL G   |                                 | NAME  |   |                                   |
| STREET ADDRESS   | 17 HUNTINGTON BAY RD |                                 | STREET ADDRESS  |   |                                   |
| CITY-STATE-ZIP   | HUNTINGTON, NY 11743 |                                 | CITY-STATE-ZIP  |   |                                   |
| TITLE  | VP                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | SFAELOS, JASON       |                                 | NAME  |   |                                   |
| STREET ADDRESS   | 17 HUNTINGTON BAY RD |                                 | STREET ADDRESS  |   |                                   |
| CITY-STATE-ZIP   | HUNTINGTON, NY 11743 |                                 | CITY-STATE-ZIP  |   |                                   |
| TITLE  |                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                      |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                      |                                 | STREET ADDRESS  |   |                                   |
| CITY-STATE-ZIP   |                      |                                 | CITY-STATE-ZIP  |   |                                   |
| TITLE  |                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                      |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                      |                                 | STREET ADDRESS  |   |                                   |
| CITY-STATE-ZIP   |                      |                                 | CITY-STATE-ZIP  |   |                                   |
| TITLE  |                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                      |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                      |                                 | STREET ADDRESS  |   |                                   |
| CITY-STATE-ZIP   |                      |                                 | CITY-STATE-ZIP  |   |                                   |
| TITLE  |                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                      |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                      |                                 | STREET ADDRESS  |   |                                   |
| CITY-STATE-ZIP   |                      |                                 | CITY-STATE-ZIP  |   |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 registrar or state employee empowered to prepare 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 an office, and empowered. |                      |                                 |   |   |                                   |
| SIGNATURE:    |                      |                                 | 04/15/05  |   |                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR</small>  |                      |                                 | <small>Date</small>   |   |                                   |