


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90030 041 ***150.00

DOCUMENT # V01905	
1. Entity Name 1801 SP INC.	

Principal Place of Business 5 FARMERS RD GREAT NECK, NY 11024 US	Mailing Address 5 FARMERS RD GREAT NECK, NY 11024 US
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DO NOT WRITE IN THIS SPACE

50065960



08132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0874861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLUMBERG EXCELISOR CORPORATE SERVICES INC
 4435 OLD WINTER GARDEN ROAD
 ORLANDO, FL 32802

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRANE, RONALD L 5 FARMERS RD. GREAT NECK, NY 11024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRANE, PAULA 5 FARMERS RD. GREAT NECK, NY 11024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **8/15/05 516 829-3438**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #