## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 719247** 

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

Entity Na	me: C. SPEL	LMAN, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
3435 FISK ROCKLED	E BLVD. DGE, FL 3295	54507						
Current Mailing Address:				New Mailing Address:				
P.O. BOX ROCKLED	560531 DGE, FL 3295	60531						
FEI Number	: 23-7184791	FEI Number Applied	For ( ) FEI	Number Not Applic	cable ( )	Certific	ate of Status Des	ired ( )
Name and	d Address of	Current Registered	Agent:	Name and	Address of	New Reg	gistered Agent	<b>::</b>
886 EVER	', MICHAEL C GREEN PLAC DGE, FL 3292							
	e named entity e of Florida.	submits this stateme	nt for the purpos	se of changing its	s registered	office or	registered ager	ıt, or both,
SIGNATUI	RE:							
	Electro	nic Signature of Regi	stered Agent				Date	
OFFICER	S AND DIREC	CTORS:		ADDITIONS	S/CHANGE	S TO OF	FICERS AND D	DIRECTORS:
Title: Name: Address: City-St-Zip:	P ( PHELPS, RICI 1446 HAGAR I ROCKLEDGE	_ANE		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	D ( SHARKEY, MI 886 EVERGRI ROCKLEDGE	EN PLACE		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( MELDRUM, G 1114 WOODS ROCKLEDGE	MERE PKWY.		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	S ( CHANCE, STA 1725 CURLE ( ROCKLEDGE	DT.		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name:	(	) Delete		Title: Name:	A ( GONZALEZ,		(X) Addition	

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

P. O. BOX 560970

ROCKLEDGE, FL 32956

SIGNATURE: JORGE J GONZALEZ 04/29/2009 Α