


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90190 033 \*\*\*150.00

**DOCUMENT # P03000017937**

1. Entity Name  
**SPENCER FINANCIAL, INC.**



Principal Place of Business  
**207 W CAYUGA STREET  
 TAMPA, FL 33603**

Mailing Address  
**207 W CAYUGA STREET  
 TAMPA, FL 33603**

2. Principal Place of Business  
**2107 W CASS ST**  
 Suite, Apt. #, etc.  
**SUITE B**

3. Mailing Address  
**2107 W CASS ST**  
 Suite, Apt. #, etc.  
**SUITE B**

City & State  
**TAMPA FL**

City & State  
**TAMPA FL**


Zip  
**33606**

Country  
**USA**

Zip  
**33606**

Country  
**USA**

**44045019**



05022004 Chg-P CR2E034 (10/03)

4. FEI Number  
**54-2102920**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOVINGER, MARC  
 207 W CAYUGA STREET  
 TAMPA, FL 33603**

7. Name and Address of New Registered Agent

Name  
**MARC LOVINGER**

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


**2107 W CASS ST SUITE B**

City  
**TAMPA**

State  
**FL**

Zip Code  
**33606**

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: \_\_\_\_\_

Signature, typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>MARC LOVINGER</b>
CITY - ST - ZIP	<b>2107 W CASS ST SUITE B TAMPA FL 33606</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VICE PRESIDENT</b>
STREET ADDRESS	<b>PATRICIA LOVINGER</b>
CITY - ST - ZIP	<b>2107 W CASS ST SUITE B TAMPA FL 33606</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:  Date: **5/2/04** Daytime Phone #: **813-253-0222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR