

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 719247

**Entity Name:** C. SPELLMAN, INC.

**Current Principal Place of Business:**

3435 FISKE BLVD.  
ROCKLEDGE, FL 32955-4507

**Current Mailing Address:**

P.O. BOX 560531  
ROCKLEDGE, FL 32956-0531

**FEI Number:** 59-1654170

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DUERR, BOB  
3435 FISKE BLVD  
ROCKLEDGE, FL 32955 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DUERR, BOB  
Address 3435 FISKE BLVD  
City-State-Zip: ROCKLEDGE FL 32955

Title PRESIDENT  
Name THOMAS, BILL  
Address 3435 FISKE BLVD  
City-State-Zip: ROCKLEDGE FL 32955

Title SECRETARY  
Name BLANCHARD, JACK  
Address 3435 FISKE BLVD  
City-State-Zip: ROCKLEDGE FL 32955

Title TRUSTEE  
Name LOWRY, STEVE  
Address 3435 FISKE BLVD  
City-State-Zip: ROCKLEDGE FL 32955

Title TRUSTEE  
Name PHELPS, RICHARD T  
Address 3435 FISKE BLVD  
City-State-Zip: ROCKLEDGE FL 32955

Title VP  
Name BRUTY, BILL  
Address 3435 FISKE BLVD  
City-State-Zip: ROCKLEDGE FL 32955

Title TREASURER  
Name BARNETT, DAN  
Address 3435 FISKE BLVD  
City-State-Zip: ROCKLEDGE FL 32955

Title TRUSTEE  
Name PROKOPOWICZ, JOHN  
Address 3435 FISKE BLVD  
City-State-Zip: ROCKLEDGE FL 32955

*I hereby 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 all other like empowered.*

**SIGNATURE: DAN BARNETT**

**TREASURER**

**07/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date