


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 380814 1. Entity Name SPENCER DEVELOPMENT CORPORATION	
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Principal Place of Business 100 CADIZ STREET #102 TALLAHASSEE, FL 32301	Mailing Address P.O. BOX 641 TALLAHASSEE, FL 32302
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04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1398483	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPENCER, CLYDE E 2001 SARA LEE LANE TALLAHASSEE, FL 32302

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCER, CLYDE E 2001 SARA LEE LANE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, SARA B. 2001 SARA LEE LANE TALLAHASSEE, FL
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<p>U000000124908 04/22/04-80062-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 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: Clyde E. Spencer Clyde E. Spencer 4-20-04 250-224-5914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #