


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 389153	
1. Entity Name SPENCER ENGINEERING AND EXPLORATION CO., INC.	

Principal Place of Business 5440 CEDAR POINT RD JACKSONVILLE, FL 32226	Mailing Address 5440 CEDAR POINT RD JACKSONVILLE, FL 32226
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1426251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPENCER, ROBERT H.B. 5480 CEDAR POINT ROAD JACKSONVILLE, FL 32226

**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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, SUE M 5440 CEDAR POINT ROAD JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPENCER, THOMAS W 5400 CEDAR POINT ROAD JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPENCER, SUSANNE P.O. BOX 3606 SHEPHERDSTOWN, WV 25443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, ROBERT H.B. 5480 CEDAR POINT ROAD JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPENCER, PAMELA 2084 SALLAS LANE JACKSONVILLE, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, LAURA PO BOX 1653 SHEPHERDSTOWN, WV 25443

000000587272
01/17/07-80026-010 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	ROBERT SPENCER	1/10/07	904-757-1891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #