

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 389153

FILED
Apr 05, 2009
Secretary of State

Entity Name: SPENCER ENGINEERING AND EXPLORATION CO., INC.

Current Principal Place of Business:

5440 CEDAR POINT RD
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

5440 CEDAR POINT RD
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-1426251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPENCER, ROBERT H.B.
5480 CEDAR POINT ROAD
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPENCER, SUE M
Address: 5440 CEDAR POINT ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: VPD () Delete
Name: SPENCER, THOMAS W
Address: 5400 CEDAR POINT ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: TD () Delete
Name: SPENCER, SUSANNE
Address: P.O. BOX 3606
City-St-Zip: SHEPHERDSTOWN, WV 25443

Title: PD () Delete
Name: SPENCER, ROBERT H.B.
Address: 5480 CEDAR POINT ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: SD () Delete
Name: SPENCER, PAMELA
Address: 2084 SALLAS LANE
City-St-Zip: JACKSONVILLE, FL 32233

Title: D () Delete
Name: MARTIN, LAURA
Address: PO BOX 1653
City-St-Zip: SHEPHERDSTOWN, WV 25443

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HARPER BALDWIN SPENCER

PD

04/05/2009

Electronic Signature of Signing Officer or Director

_____ Date