

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 396647

1. Entity Name
SPS COMMERCIAL CENTER, INC.



Principal Place of Business

ROUTE 707, RIO
P.O. BOX 67
STUART, FL 34995-0067

Mailing Address

ROUTE 707, RIO
P.O. BOX 67
STUART, FL 34995-0067



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1462365

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TIMON, L.J.
657 NE DIXIE HIGHWAY
JENSEN BEACH, FL 34957

**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 PD
NAME TIMON, L. J.
STREET ADDRESS 657 NE DIXIE HIGHWAY
CITY-ST-ZIP JENSEN BEACH, FL

TITLE SD
NAME TIMON, GAY
STREET ADDRESS 657 NE DIXIE HIGHWAY
CITY-ST-ZIP JENSEN BEACH, FL

TITLE VD
NAME SLATER, GROSE
STREET ADDRESS MANOR DRIVE
CITY-ST-ZIP STUART, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000012988
01/26/04-80033-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-334-2700