2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 04, 2005 8:00 am **Secretary of State** DOCUMENT # 396647 - >* 1. Entity Name 02-04-2005 90042 040 ***150.00 SPS COMMERCIAL CENTER, INC. Principal Place of Business Mailing Address ROUTE 707, RIO P.O. BOX 67 ROUTE 707, RIO P.O. BOX 67 **オロルTやオロア** STUART FL 34995-0067 STUART FL 34995-0067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1462365 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TIMON, L.J. Street Address (P.O. Box Number is Not Acceptable) 657 NE DIXIE HIGHWAY JENSEN BEACH FL 34957 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition TIMON, L. J. NAME NAME STREET ADDRESS 657 NE DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TIMON, GAY 657 NE DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP JENSEN BEACH FL CITY-ST-7IP TITLE VD : ☐ Detete TITLE Change — Addition SLATER, GROSE NAME NAME STREET ADDRESS MANOR DRIVE STREET ADDRESS-CITY-ST-ZIP STUART FL. CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath; 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 a statchment with an address, with all other like empowered. changed, or on an attachment with an addres

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