2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 05, 2005 08:00 AM DOCUMENT # 447505 . . **Secretary of State** SPENCE BROTHERS PROPERTIES, INC. Principal Place of Business _ Mailing Address SPENCE BROS PROPERTIES SPENCE BROS PROPERTIES 301 BAYSHORE DRIVE 301 BAYSHORE DRIVE NICEVILLE, FL 32578 NICEVILLE, FL 32578 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1560023 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPENCE, WALTER F. DO NOT WRITE 301 BAYSHORE DR NICEVILLE, FL 32578 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, 1 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SPENCE, III WALTER F NAME 1501 N PARTIN DR., #149 STREET ADDRESS CITY-ST-ZIP NICEVILLE, FL 32578 U00000172639 01/06/05-80009-007 150.00 SPENCE, JERRY M NAME STREET ADDRESS 34 SOUTHVIEW AVE. CITY-ST-ZIP VALPARIAISO, FL 32580 TITLE SPENCE, WALTER FRANCIS NAME STREET ADDRESS 800 SPENCE CIRCLE DO NOT WRITE CITY-SI-ZIP NICEVILLE, FL 32578 IN THIS SPACE SPENCE, ANN V NAME STREET ADDRESS 301 BAYSHORE DRIVE CITY-ST-ZIP NICEVILLE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/03/05

850-678-1615

FILED

Daytime Phone #