

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90139 032 \*\*\*150.00

**DOCUMENT # F01000004038**

1. Entity Name  
**SPIRIT OF AMERICA SERVICING, INC.**



Principal Place of Business  
**450 WINKS LANE  
BENSALEM, PA 19020**

Mailing Address  
**450 WINKS LANE  
BENSALEM, PA 19020**

**50046869**



2. Principal Place of Business

**3750 Shale Road**  
Suite, Apt. #, etc.

3. Mailing Address

**3750 Shale Road**  
Suite, Apt. #, etc.

04012005 Chg-P CR2E034 (10/03)

**Tax Compliance**  
City & State

**Bensalem PA**

Zip  
**19020**

Country  
**Bucks**

**Tax Compliance**  
City & State

**Bensalem PA**

Zip  
**19020**

Country  
**Bucks**

4. FEI Number  
**52-2177250**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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 ☐ Delete  
NAME SPECTER, ERIC M  
STREET ADDRESS 450 WINKS LANE  
CITY-ST-ZIP BENSALEM, PA 19020

TITLE VST ☐ Delete  
NAME SIMME, KIRK R  
STREET ADDRESS 450 WINKS LANE  
CITY-ST-ZIP BENSALEM, PA 19020

TITLE CD ☐ Delete  
NAME SIMME, KIRK R  
STREET ADDRESS 450 WINKS LANE  
CITY-ST-ZIP BENSALEM, PA 19020

TITLE D ☐ Delete  
NAME LIEBERMAN, KATHLEEN H  
STREET ADDRESS 450 WINKS LANE  
CITY-ST-ZIP BENSALEM, PA 19020

TITLE VP ☐ Delete  
NAME SULLIVAN, JOHN  
STREET ADDRESS 450 WINKS LANE  
CITY-ST-ZIP BENSALEM, PA 19020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John Sullivan 4-25-05 (215) 633-4883**

Date

Daytime Phone #