

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002909

1. Entity Name
SPENCER RECOVERY CENTERS, INC



Principal Place of Business
1316 S COAST HWY
LAGUNA BEACH, CA 92651

Mailing Address
PO. BOX 118
MONROVIA, CA 91017



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4107286 ☐ **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

SPENCER, CHRIS
601 71ST AVE
ST. PETE BEACH, FL 33706

**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 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	P
NAME	SPENCER, CHRIS
STREET ADDRESS	1316 S COAST HWY
CITY-ST-ZIP	LAGUNA BEACH, CA 92651
TITLE	VPT
NAME	NICHOLS, CYNTHIA
STREET ADDRESS	1316 S COAST HWY
CITY-ST-ZIP	LAGUNA BEACH, CA 92651
TITLE	S
NAME	SALOGARCIA, CINDY
STREET ADDRESS	4860 TOPAZ DR
CITY-ST-ZIP	COLORADO SPGS, CO 80918
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000302616
04/13/05-80080-003 158.75

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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: *Cindy Salogarcia* *3/30/05*