2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 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

01162006 No Chg-P CR2E034 (11/05)

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 if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000475615
~~04/05/06--90022--013 150.75~~

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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

(949) 313-5240

SIGNATURE: Cindy Salo Garcia Cindy Salo Garcia Secretary/COO 3/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #