


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000001187
1. Entity Name
SPM, INC. OF ALABAMA



Principal Place of Business
1103 R. ARRINGTON, JR. BLVD. S.
ATTENTION: MARY MARGARET
BIRMINGHAM, AL 35205 US

Mailing Address
PO BOX 55465
BIRMINGHAM, AL 35255-5465

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
63-1042087

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000157305
05/05/04-80021-013 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPT WELDON, WILLIAM B SR 1103 R. ARRINGTON, JR. BLVD. SOUTH BIRMINGHAM, AL 35205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WELDON, CHARLES V III 1103 R. ARRINGTON, JR. BLVD. SOUTH BIRMINGHAM, AL 35205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELD, ROBERT C 1103 R. ARRINGTON, JR. BLVD.. SOUTH BIRMINGHAM, AL 35205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WELDON, WILLIAM EDGAR JR 1103 R. ARRINGTON JR., SOUTH BLVD. BIRMINGHAM, AL 35205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLIVE, GAIL M 1103 R. ARRINGTON, JR. BLVD. SOUTH BIRMINGHAM, AL 35205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(c), 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: William B Weldon President William B Weldon 4/2/04 205-933-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #