

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # H02410

1. Entity Name

SPEIR ACCOUNTING SERVICE, INC.



Principal Place of Business

1545 BLANDING BLVD
JACKSONVILLE FL 32210

Mailing Address

1545 BLANDING BLVD
JACKSONVILLE FL 32210



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2404466

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

SPEIR, EDWARD E.
1321 GRANDVIEW DR.
JACKSONVILLE FL 32211

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
D SPEIR, EDWARD E.
STREET ADDRESS 1321 GRANDVIEW DRIVE
CITY ST-ZIP JACKSONVILLE FL

TITLE NAME ☐ Delete
D SPEIR, SONDR A.
STREET ADDRESS 1321 GRANDVIEW DRIVE
CITY ST-ZIP JACKSONVILLE FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST-ZIP
U000000654410
03/13/07-80060-019 150.00

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

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

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CITY ST-ZIP

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

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

SIGNATURE: Edward E. Speir Edward E. SPEIR 3-2-07 (904) 388-5747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #