

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90071 001 ***150.00

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|---|--|---|--|--|--|
| DOCUMENT # J00726 1. Entity Name SPEARS REALTY AND INVESTMENT, INC. | | | | | |
| Principal Place of Business % WENDELL E. SPEARS 7925 S PARK PLACE ORLANDO, FL 32819 | | | Mailing Address % WENDELL E. SPEARS 7925 S PARK PLACE ORLANDO, FL 32819 | | |
| 2. Principal Place of Business - No P.O. Box # c/o RAMONA A. SPEARS XXXXXX Street 7925 S. PARK PLACE City & State ORLANDO, FL Zip 32819 | | 3. Mailing Address c/o RAMONA A. SPEARS XXXXXX Street 7925 S. PARK PLACE City & State ORLANDO, FL Zip 32819 | | 03022007 Chg-P CR2E034 (12/06) | |
| Country USA | | Country USA | | 4. FEI Number 59-2639702 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SPEARS, WENDELL E. 7925 S. PARK PLACE ORLANDO, FL 32819 | | | 7. Name and Address of New Registered Agent Name SPEARS, RAMONA A. Street Address (P.O. Box Number is Not Acceptable) 7925 SOUTH PARK PLACE City ORLANDO FL Zip Code 32819 | | |
| 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 <u><i>Ramona A. Spears</i></u> 3/23/07 <small>Signature, typed or printed name of registered agent; add title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPEARS, MICHAEL D. 581 SYLVAN DR WINTER PARK, FL 32781 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SPEARS, WENDELL E. 7925 S. PARK PLACE ORLANDO, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SPEARS, RAMONA A. 7925 S. PARK PLACE ORLANDO, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS SPEARS, RAMONA A. 7925 S. PARK PLACE ORLANDO, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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. | | | | | |
| SIGNATURE: <u><i>Ramona A. Spears</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 3/23/07 <small>DATE</small> | | |