


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90041 038 \*\*\*150.00

<b>DOCUMENT # J71323</b> 1. Entity Name <b>SPCDC DEVELOPMENTS, INC.</b>					
Principal Place of Business <b>227 SECOND AVENUE NORTH</b> <b>ST PETERSBURG, FL 33701 US</b>			Mailing Address <b>P.O. BOX 54</b> <b>ST PETERSBURG, FL 33731 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2810483</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ATTY. JOSEPH A. DIVITO</b> <b>4514 CENTRAL AVE.</b> <b>ST. PETERSBURG, FL 33711</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>GILLESPIE, JAMES R</b> <b>4804 WINDMILL PALM TERRACE N.E.</b> <b>ST. PETERSBURG, FL 33703</b>	<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	CD <b>BAILEY, PAUL</b> <b>227 SECOND AVE N</b> <b>SAINT PETERSBURG, FL 33701</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CD</b> <b>BAILEY, PAUL</b> <b>924 North Shore Dr. NE</b> <b>St. Petersburg, FL 33701</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GREUSS, RONALD L</b> <b>227 SECOND AVE NORTH</b> <b>SAINT PETERSBURG, FL 33701</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>REUSS, RONALD L.</b> <b>227 SECOND AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33701</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ELLIOTT, LEANN</b> <b>P.O. BOX 13489</b> <b>ST. PETERSBURG, FL 33731</b>	<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	D <b>UNLEY, DENISE G</b> <b>5801 49TH STREET NORTH</b> <b>SAINT PETERSBURG, FL 33709</b>	<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	VD <b>NEWSOME, LARRY</b> <b>6798 CROSSWINDS DR SUITE A-101</b> <b>SAINT PETERSBURG, FL 33710</b>	<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 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.					
<b>SIGNATURE:</b> <i>Ronald L. Reuss</i> <b>RONALD L. REUSS</b> <b>2/6/04</b> <b>727 8952509</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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